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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004046		
1. Entity Name HOOP CENTER FOUNDATION, INC.		
Principal Place of Business 19625 NW 5TH PL MIAMI, FL 33169	Mailing Address 19625 NW 5TH PL MIAMI, FL 33169	



04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1110475	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

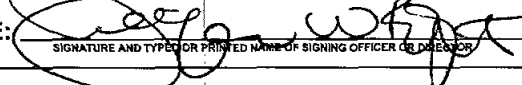
6. Name and Address of Current Registered Agent FAIRLEY, TONY 19625 NW 5TH PL MIAMI, FL 33169		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			<p>U00000551142 05/13/06-80085-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, BARRINGTON G 19625 NW 5TH PL MIAMI, FL 33169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAIRLEY, TONY 19625 NW 5TH PL MIAMI, FL 33169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, JENNIFER J 19625 NW 5TH PL MIAMI, FL 33169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAIRLEY, DONNA 19625 NW 5TH PL MIAMI, FL 33169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Treasurer <u>4/26/06</u>	305-607-9071
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		