2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007407

Apr 24, 2006 Secretary of State

Entity Name: KIWANIS CLUB OF GREATER PEMBROKE PINES, INC.

Current Principal Place of Business: New Principal Place of Business:

16336 N W 11TH STREET PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

16336 N W 11TH STREET PO BOX 824431

PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33082

FEI Number: 65-1125225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TYNAN, KEVIN P 8142 N. UNIVERSITY DRIVE TAMARAC, FL 33321

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BLUM, JOHN FALCON, RICHARD Name: Name: 19052 NW 23 STREET Address: 16315 NW 12 STREET Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33028

(X) Change () Addition Title: () Delete Title: SD FALCON, RICHARD Name: BOWERS, DEBRA Name:

Address: 16315 NW 12 STREET Address: 2154 NW 166TH AVE City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete Title: (X) Change () Addition TYNAN, KEVIN VARGAS, HERBERT Name: Name:

16143 NW 8 DRIVE 12507 NW 18 MANOR Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD () Delete Title: (X) Change () Addition

CROSS, KEAT Name: Name: CROSS, KEAT 660 NW 161 AVE Address: 660 NW 161 AVE . Address:

PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

KLEIN, SHIRLEY KLEIN, HARRIS Name: Name: 16336 NW 11 STREET 16336 NW 11 STREET Address: Address: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA BOWERS SD 04/24/2006