2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # NO1000008651 1. Entity Name SARASOTA PREDATORS INC. Principal Place of Business Mailing Address 4302 MEADOWLAND CIRCLE SARASOTA FL 34233 4302 MEADOWLAND CIRCLE SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 30-0021101 Not Applicat Zin Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTMAN, DAVID R Street Address (P.O. Box Number is Not Acceptable) 4302 MEADOWLAND CIRCLE SARASOTA FL 34233 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) Signature. Lypind or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10__ OFFICERS AND DIRECTORS 11. 10. U00000511021^ff Change TUTE Aralia ☐ Delete TITLE HARTMAN, DAVID MARKE NAME 04/29/05-80030-014 70.00^M 4302 MEADOWLAND CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP CITY-ST-ZIP Adding ☐ Change D Delete TITLE AGRIESTI, JEFFREY MAME NAME 123 141ST CT N.E. STREET ADDRESS STREET ADDRESS BRADENTON FL 34202 CITY-ST-71P CITY-ST-ZIP ☐ Addilic ☐ Change Deleta ____ TITLE PITTMAN, THOMAS MAME STREET ADDRESS STREET ADDRESS 6134 TURNBERRY PK APT 7102 CITY - ST - ZIP CITY - ST- ZIP SARASOTA FL 34243 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Artim TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP Change Addin ☐ Delete TITLE HILE NAME STREET ADDRESS STREET ADDRESS CDY-ST-70P CITY-ST-ZIP

12. I hereby cerbfy that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4-8-06 941-377-7995