2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 8:00 am Secretary of State

DOCUMENT # N0200000509 I Entity Name PIRRATE FOOTBALL CORPORATION Principal Piace of Business					50	citiai v u	n อเล	lle	
P.O. BOX 380445 MIRDOOK, FL 33938 J. Principal Prace of Business . J. Principal Prace of Business . J. Mirphy Address . Sulfa April R. etc. D3092006 Chg.NP CR2637 (11/05) Sulfa April R. etc. D3092006 Chg.NP CR2637 (11/05) Sulfa April R. etc. D3092006 Chg.NP CR2637 (11/05) April April R. etc. D3092006 Chg.NP CR2637 (11/05) April April R. etc. D3092006 Chg.NP CR2637 (11/05) April April R. etc. April April R. etc. Sulfa April R. etc. D399206 Chg.NP CR2637 (11/05) April April R. etc. Sulfa Apr	1. Entity Name					03-31-2006 90019 039 ****61.25			
Suite, Apl. 4, etc. City & State County Saya Sec. County Saya Sec. County Saya Sec. S	P.O. BOX 38	0445	P.O. BOX 380445				BIEL SINT 88118 181	38	
City & State City & State	PT. CharloTTE-High School Jo Bux 3804			145					
Zip Country Zip S. Country S. Set Tibes 1 Set Country S. Country S	Sulle, Apt.	#, eIC.	Suite, Apt. #, etc.		03092006 C	hg-NP CR2E0	37 (11/05)		
6. Name and Address of New Registered Agent Norme 1. Name and Address of New Registered Agent Norme Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both. In the State of Florida agent, or both. In the State of Florida agent, in the State of Florida agent, or both. In the Stat	City & Stat	е				53			
Name Street Address (P.O. Box Number is Not Acceptable)	Zip		<u> </u>	Country			Fee Required		
Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code		6. Name and Address of Current H	Registered Agent	Name	7. Name and Add	dress of New Registered	Agent		
City FL Zip Code 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 SIGNATURE Signature, species status Signature (Syndres, species status) Signature (Syndres, species status) Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE HOWARD, GREG HOWARD, GREG HOWARD, GREG SIREH ADDRESS SHEP ADDRESS SHAVE, JIM SIREH ADDRESS SHAVE, JIM SIREH ADDRESS SHAVE, JIM SIREH ADDRESS SHAVE, JIM MAKE TILE MAKE TILE MAKE TILE Delete TILE DU TILE DU TILE DU TILE DU TILE DU TILE DU TILE SIREH ADDRESS TOT -ST-2P PORT CHARLOTTE, FL 33952 Delete TILE MAKE SIREH ADDRESS SI	23340 PAINTER AVENUE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 1	, ord ord	AREO 172, 72 3000 4					<u></u>		
SIGNATURE Signature, hose or of froid returns of registered agent. Filling Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE HOWARD, GREG SIRET ADDRESS 2886 TAMIAMI TRAIL SUITE 8 CITY-ST-2P PORT CHARLOTTE, FL 33952 TITLE MAKE SIRET ADDRESS 2886 TAMIAMI TRAIL SUITE 8 CITY-ST-2P PORT CHARLOTTE, FL 33952 TITLE MC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VD SIRET ADDRESS 2886 TAMIAMI TRAIL SUITE 8 CITY-ST-2P PORT CHARLOTTE, FL 33952 TITLE MC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VD SIRET ADDRESS 2886 TAMIAMI TRAIL SUITE 8 CITY-ST-2P PORT CHARLOTTE, FL 33952 TITLE MC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VD SIRET ADDRESS 2886 TAMIAMI TRAIL SUITE 8 CITY-ST-2P PORT CHARLOTTE, FL 33952 TITLE MC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE SHEVET ADDRESS 2886 TAMIAMI TRAIL SUITE 8 CITY-ST-2P PORT CHARLOTTE, FL 33952 TITLE MC ADDRESS ADDRESS ADDRESS ADMRITT ADDRESS ADDRESS ADMRITT ADDRESS ADDRESS ADMRITT ADDRESS AD				City		FL	Zip Code	•	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OBJORECTOR TYPE

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941.764.1716