

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

DOCUMENT# N02000006112

Entity Name: AMERICAN CHEER & DANCE BOOSTERS, INC.

**Current Principal Place of Business:**

10743 WAVERLY BLUFF WAY  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

10743 WAVERLY BLUFF WAY  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 52-2375907      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOKO HEAD, P.A.  
9309 OLD KINGS ROAD S  
SUITE 4  
JACKSONVILLE, FL 32257 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: TALPALAR, WENDY  
Address: 10743 WAVERLY BLUFF WA  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D      ( ) Delete  
Name: FUNG, CECILE  
Address: 12470 HOOD LANDING ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D      ( ) Delete  
Name: BOWALD, ANNETTE  
Address: 7620 SAW TIMBER LANE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D      ( ) Delete  
Name: SINGLETON, KELLIE  
Address: 3885-C S, FRANCIS ROAD  
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: D      ( ) Delete  
Name: BAUM, MICHELLE  
Address: 2049 ALPHA CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: D      ( ) Delete  
Name: NEWMANS, STEPHEN L  
Address: 5570 RIBBON ROSE COURT  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: CECILE H. FUNG

D

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date