2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006112

FILED May 22, 2008 Secretary of State

Entity Name: AMERICAN CHEER & DANCE BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business: 10743 WAVERLY BLUFF WAY JACKSONVILLE, FL 32223 **Current Mailing Address: New Mailing Address:** 10743 WAVERLY BLUFF WAY JACKSONVILLE, FL 32223 FEI Number: 52-2375907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOKO HEAD, P.A 9309 OLD KINGS ROAD S SUITE 4 JACKSONVILLE, FL 32257 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TALPALAR, WENDY Name: Name: 10743 WAVERLY BLUFF WA Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: Title: () Delete () Change () Addition FUNG, CECILE Name: Name: Address: 12470 HOOD LANDING ROAD Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: () Change () Addition BOWALD, ANNETTE Name: Name: 7620 SAW TIMBER LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SINGLETON, KELLIE Name: Address: 3885-C S, FRANCIS ROAD Address: City-St-Zip: ST.AUGUSTINE, FL 32092 City-St-Zip: Title: () Delete Title: () Change () Addition BAUM, MICHELLE Name: Name: 2049 ALPHA CT Address: Address: ORANGE PARK, FL 32073 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition NEWMANS, STEPHEN L Name: Name: Address: 5570 RIBBON ROSE COURT Address: JACKSONVILLE, FL 32258 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WENDY TALPALAR D 05/22/2008