

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006814

FILED
Apr 26, 2006
Secretary of State

Entity Name: ULTIMATE VOLLEYBALL CLUB, INC.

Current Principal Place of Business:

4426 COLBERT CT
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4426 COLBERT CT
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 61-1419675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, RICHARD E
4426 COLBERT CT
ORLANDO, FL 32808 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: SCHULTZ, RICHARD E
Address: 4426 COLBERT CT.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: LOCKE, KERI L
Address: 446 AURAL LANE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: CROSS, ELIZABETH A
Address: 410 NORTH LAKEVIEW AVE.
City-St-Zip: WINTER GARDEN, FL 34787

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:

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: RICHARD E. SCHULTZ

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date