FILED Apr 29, 2008 8:00 am Secretary of State

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		ANNUA	L REF	PORT		

DOCUMENT # N0200006836 1. Entity Name TROUSDELL GYMNASTICS CENTER BOOSTER CLUB, INC.							04-29-2008	90089 03	2 ****61	.25
326 JOHN KI	GYMNASTICS CENTER	TROUS 326 JO	Mailing Address TROUSDELL GYMNASTICS CENTER 326 JOHN KNOX RD TALLAHASSEE, FL 32303							
2. Principal P	lace of Business - No P.O. Box #	3. Mailin	g Address							
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			04252008	Chg-NP	CR2E03	7 (12/06)	
City & Stat	e	City (City & State			4. FEI Numbe 04-3713			_ 	plied For at Applicable
Zip Country		Zip Co		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered	Agent			7. Name and	Address of New	Registered A	gent	
AKER MI	SNETTE			Name						
AKER, MIGNETTE 3333 LAKESHORE DRIVE TALLAHASSEE, FL 32312				Street Address (P.O. Box Number is Not Acceptable)						
e, f			City			FL Zip Code				
	named entity submits this statement for ions of registered agent.	or the purpos	e of changing its req	gistered office	or register	ed agent, or bott	h, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and this if anning								·
			able (NOTE: Re	enistered Anent sion	hatiiroat arritad	when reinstation)		DATE		
1.		and the mapping	able. (NOTE: Re	egistered Agent sign	ature required	when reinstating)	······································	DATE		
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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: