2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# N03000000676

Entity Name: SOUTHPOINT SHOOTERS BASKETBALL CLUB, INC.

Current Principal Place of Business:

190 WINTER HAVEN BLVD
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

PO BOX 1677
DUNDEE, FL 33838

New Mailing Address:

FEI Number: 46-0505471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSH, GEORGE T
205 AVENUE K SE
WINTER HAVEN, FL 33880 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: JOHNS, JEFF
Address: PO BOX 1677
City-St-Zip: DUNDEE, FL 33838

Title: D ( ) Delete
Name: THOMPSON, JEFF
Address: 5736 SUMMITVIEW CT
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: LAMPLEY, TOMMY
Address: 4734 9 AVE SOUTH
City-St-Zip: ST PETERSBURG, LF 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JOHNS, JEFF OFFICER
Address: PO BOX 1677
City-St-Zip: DUNDEE, FL 33838

Title: D (X) Change ( ) Addition
Name: THOMPSON, JEFF OFFICER
Address: 5736 SUMMITVIEW CT
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition
Name: LAMPLEY, TOMMY OFFICER
Address: 4734 9 AVE SOUTH
City-St-Zip: ST PETERSBURG, LF 33711

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: JEFF JOHNS, OFFICER OFFI 02/13/2006

Electronic Signature of Signing Officer or Director — Date