

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2006
Secretary of State**

DOCUMENT# N03000000712

Entity Name: FLORIDA GOLD COAST SYNCHRONIZED SWIMMING, INC.

Current Principal Place of Business:

9193 SW 20TH ST D
BOCA RATON, FL 33428 US

New Principal Place of Business:

12441 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

9193 SW 20TH ST D
BOCA RATON, FL 33428 US

New Mailing Address:

22544 SEA BASS DR
BOCA RATON, FL 33428 US

FEI Number: 05-0556572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSOW, STACIE L
9193 SW 20TH ST D
BOCA RATON, FL 33428 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: MORNEAULT, JODY
Address: 486 PEACOCK LANE S
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: BERENQUER, DELPHINE
Address: 10118 SW 77 CT
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: DOWLING, EVELYN
Address: 1878 BELL LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: ROSSOW, STACIE L
Address: 9193 SW 20TH ST D
City-St-Zip: BOCA RATON, FL 33428

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:

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: STACIE ROSSOW

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date