2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2007
Secretary of State

DOCUMENT# N03000001100

Entity Name: THE GIFT OF SWIMMING, INC.

Current Principal Place of Business:

9130 MORTON JONES ROAD
GOTHA, FL 34734

New Principal Place of Business:

Current Mailing Address:

9130 MORTON JONES ROAD
GOTHA, FL 34734

New Mailing Address:

FEI Number: 42-1576859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGINTY, JOY
9130 MORTON JONES ROAD
GOTHA, FL 34734 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: DC ( ) Delete
Name: MCGINTY, JOY
Address: 5616 MASTERS BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: EXD ( ) Delete
Name: BALDWIN, KATHY
Address: 8035 GILLETTE COURT
City-St-Zip: ORLANDO, FL 32836

Title: P/D ( ) Delete
Name: MCGINTY, MIKE
Address: 5616 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: D/VP ( ) Delete
Name: GORDON, GREGORY MD
Address: 414 N. MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: D/S ( ) Delete
Name: GARRIGA, JOSSELINE
Address: 8030 GILLETTE CT
City-St-Zip: ORLANDO, FL 32836

Title: D/EV ( ) Delete
Name: HARLOW, NIKKI
Address: 658 ROSEGATE LANE
City-St-Zip: ORLANDO, FL 32835

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:

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: JOY MCGINTY DC 02/11/2007

Electronic Signature of Signing Officer or Director — Date