

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002319

FILED
Apr 20, 2006
Secretary of State

Entity Name: BRAIN SCRIMMAGE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6107 SW 34TH STREET
MIRAMAR, FL 33023

New Principal Place of Business:

8655 LONG ACRE DRIVE
MIRAMAR, FL 33025

Current Mailing Address:

6107 SW 34TH STREET
MIRAMAR, FL 33023

New Mailing Address:

8655 LONG ACRE DRIVE
MIRAMAR, FL 33025

FEI Number: 05-0560655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MINCEY, DARRAYL D
6107 SW 34TH STREET
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

MINCEY, DARRAYL D
8655 LONG ACRE DRIVE
MIRAMAR, FL 33025 US

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: DARRAYL D. MINCEY

04/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MINCEY, DARRAYL D
Address: 6107 SW 34TH STREET
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: DARVILLE, TERRANCE
Address: 2950 NW 55 AVENUE #1B
City-St-Zip: LAUDERHILL, FL 33315

Title: D () Delete
Name: WILLIAMS, TERRY L
Address: 1331 NE 212 TERRACE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MINCEY, DARRAYL D
Address: 8655 LONG ACRE DRIVE
City-St-Zip: MIRAMAR, FL 33025

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: DARRAYL D. MINCEY

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date