2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N03000004223 02-03-2006 90009 049 ****70.00 ORLANDO DEVIL DOGS YOUNG MARINES INC. Principal Place of Business Mailing Address 1755 SWEETWATER WEST CIRCLE 1799 SWEETWATER WEST CIRCLE APOPKA FL 32712 1POPKA-FL 32712 2. Principal Place of Business 3. Mailing Address 12555 BohANNON Blue 12555 BOHAUNON Blud 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 80-0057157 ORLANDO Not Applicable Orlando Country \$8.75 Additional 5. Certificate of Status Desired USA 32824 32 8<u>2</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOOTH, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 1755 SWEETWATER WEST CIRCLE APOPKA FL 32712-2481 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees the many states 10. © OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change Addition TITLE ☐ Delete TITLE DEHAAS, CHARLES NAME NAME 10480 WATER HYACINTH DR STREET ADDRESS STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition HENRY, JANET JOHN GIONET NAME NAME 12555 BOHAHNON Blud. 510 EGAN DR STREET ADDRESS STREET ADDRESS ORLANDO FL-82822 Operando, FL 32824 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE X Addition Delete ALVIN HARVIN HENRY, RICK NAME NAME 3216 COLORAdo AVE STREET ADDRESS 510 EGAN DR STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP CITY - ST- ZIP Change Addition TITLE ☐ Delete TITLE BOOTH, RICHARD E NAME NAME STREET ADDRESS 1755 SWEETWATER WEST CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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: Pulsal Book

1/21/06

407-884-9508

FILED

Feb 03, 2006 8:00 am