

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004265

FILED
Apr 26, 2006
Secretary of State

Entity Name: WARRIORS INTERNATIONAL CULTURAL CENTER, INC

Current Principal Place of Business:

3651 NW 27TH COURT
LAUDERDALE LAKES, FL 33311 US

New Principal Place of Business:

5945 DEL LAGO CIRCLE
4 - 303
SUNRISE, FL 33313 US

Current Mailing Address:

3651 NW 27TH COURT
LAUDERDALE LAKES, FL 33311 US

New Mailing Address:

5945 DEL LAGO CIRCLE
4 - 303
SUNRISE, FL 33313 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, ROBERT V SR.
3651 NW 27 CT
LAUDERDALE LAKES, FL 33311 US

Name and Address of New Registered Agent:

LAWSON, ROBERT V SR.
8208 S. CORAL CIRCLE
N. LAUDERDALE, FL 33068 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:

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAWSON, ROBERT V
Address: 3651 NW 27TH COURT
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: DS () Delete
Name: LAWSON, SHIRLEY M
Address: 3651 NW 27TH COURT
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: D () Delete
Name: FULLER, PAUL
Address: 4814 MODERN DRIVE,
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D () Delete
Name: FULLER, JOAN
Address: 4814 MODERN DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LAWSON, ROBERT V
Address: 8208 S. CORAL CIRCLE
City-St-Zip: N. LAUDERDALE, FL 33068 US

Title: DS (X) Change () Addition
Name: LAWSON, SHIRLEY M
Address: 8208 S. CORAL CIRCLE
City-St-Zip: N. LAUDERDALE, FL 33068 US

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: ROBERT LAWSON

DP

04/26/2006

Electronic Signature of Signing Officer or Director

Date