2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004695

FILED Aug 10, 2005 Secretary of State

Entity Name: MARCHING ALUMNI OF COOKMAN, INC.

Current Principal Place of Business: New Principal Place of Business:

2915 NW 206TH STREET OPA LOCKA, FL 33056 US

Current Mailing Address: New Mailing Address:

P. O. BOX 473141 MIAMI, FL 33247 US

FEI Number: 58-2674067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, WANDA T SNYDER, LAMONT 1765 NW 89TH TERRACE 4270 NW 173RD DRIVE MIAMI, FL 33147 US MIAMI, FL 33055 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: LAMONT SNYDER 08/10/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: ZACKERY, WILLIAM Name: WRIGHT, WANDA T

 Name:
 ZACKERT, WILLIAM
 Name:
 WRIGHT, WANDAT

 Address:
 2073 SW 186 STREET
 Address:
 1765 NW 89TH TERRACE

 City-St-Zip:
 MIAMI, FL 33189 US
 City-St-Zip:
 MIAMI, FL 33147 US

Title: VP () Delete Title: () Change () Addition

 Name:
 COLLINS, WILLIAM
 Name:

 Address:
 2915 NW 206TH ST
 Address:

 City-St-Zip:
 OPA LOCKA, FL 33056 US
 City-St-Zip:

Title: SECR () Delete Title: () Change () Addition

 Name:
 BIGGS, WILLIE A
 Name:

 Address:
 351 NW 48TH STREET, APT A
 Address:

 City-St-Zip:
 MIAMI, FL 33127 US
 City-St-Zip:

Title: DIR () Delete Title: () Change () Addition

 Name:
 MAYLOR, MOSES
 Name:

 Address:
 5738-A SHANANDOAH WAY
 Address:

 City-St-Zip:
 ORLANDO, FL 37809 US
 City-St-Zip:

Title: DIR () Delete Title: () Change () Addition

 Name:
 MCKENZIE, WILLIAM G
 Name:

 Address:
 15800 NW 42ND AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33054 US
 City-St-Zip:

Title: DIR () Delete Title: () Change () Addition

 Name:
 POITIER, JAMES
 Name:

 Address:
 640 DR. MARY MCLEOD BETHUNE BLVD
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32114 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WANDA T WRIGHT PRES 08/10/2005