## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007119

231 NW 45 AVE

DEERFIELD BEACH, FL 33442 US

Address:

City-St-Zip:

Entity Name: MONARCH KNIGHTS SPIKERS CLUB, INC.

FILED May 06, 2007 Secretary of State

| -                                    |                         |                      |  | •            |   |               |               |                 |                |
|--------------------------------------|-------------------------|----------------------|--|--------------|---|---------------|---------------|-----------------|----------------|
| Current Principal Place of Business: |                         |                      |  |              | New Principal Place of Business:            |               |               |                 |                |
|                                      | 45 AVE<br>ELD BEA       | CH, FL 33442         |  |              |   |               |               |                 |                |
| Current Mailing Address:             |                         |                      |  |              | New Mailing Address:                        |               |               |                 |                |
|                                      | 45 AVE<br>ELD BEA       | CH, FL 33442         |  |              |   |               |               |                 |                |
| In accord                            | ance with s             | . 607.193(2)(b), F.S | nber Applied For ( )<br>S., the corporation did r<br>Registered Agent: | ot receive t | he prior no                                 | tice.         |               | icate of Status | . ,            |
| 231 NW                               |                         | I<br>CH, FL 33442    | US   |              |   |               |               |                 |                |
|                                      | ve named<br>ate of Flor |                      | his statement for the  | purpose o    | f changing                                  | g its registe | ered office o | r registered a  | gent, or both, |
| SIGNAT                               | URE:                    |                      |  |              |   |               |               |                 |                |
|                                      | E                       | lectronic Signat     | ure of Registered Ag   | gent         |   |               |               | Date            |                |
| OFFICERS AND DIRECTORS:              |                         |                      |  |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |               |               |                 |                |
| Title:                               | PD                      | ( ) Delete           |  |              | Title:                                      | PD            | (X) Chang     | je ( ) Addition |                |

SCHROEDER, RHONDA PRESIDE BORRIS, JOSEPH PRESIDE Name: Name: Address: 3947 N.W. 7 PL Address: 4911 NW 55 CT City-St-Zip: DEERFIELD BEACH, FL 33442 US City-St-Zip: COCONUT CREEK, FL 33073 US (X) Change ( ) Addition Title: () Delete Title: JOHNSON, KATHRYN VICE PR ROBERTSON, SUSAN VICE PR Name: Name: Address: 7370 N.W. 44 LANE Address: 4911 NW 55 CT COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NOAKES, SUSAN SECRETA HOGAN, COLLEEN SECRETA Name: Name: 1000 COCONUT CREEK BLVD 2879 NW 52 TERR Address: Address: City-St-Zip: City-St-Zip: COCONUT CREEK, FL 33063 US MARGATE, FL 33063 US Title: Title: ( ) Delete () Change () Addition KEENAN, ALISON TREASUR Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ALISON KEENAN TD 05/06/2007