2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010476

Entity Name: SPIKE VOLLEYBALL CLUB, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2512 ABACO AVENUE MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

2512 ABACO AVENUE MIAMI, FL 33133

FEI Number: 02-0712523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FITZSIMMONS, ROBERT V
25 WEST FLAGLER ST, PENTHOUSE
MIAMI, FL 33130 US

FITZSIMMONS, ROBERT V
80 SW 8TH STREET
3000
MIAMI, FL 33130 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: ROBERT V. FITZSIMMONS 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: () Change () Addition

 Name:
 FITZSIMMONS, DIANE
 Name:

 Address:
 2512 ABACO AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 FITZSIMMONS, ROBERT V
 Name:
 FITZSIMMONS, ROBERT V

 Address:
 25 WEST FLAGLER ST.
 Address:
 80 SW 8TH STREET

Address: 25 WEST FLAGLER ST. Address: 80 SW 8TH STREET
City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

Title: D () Delete Title: D (X) Change () Addition Name: FITZSIMMONS, ALLISON G Name: FITZSIMMONS, ALLISON G

 Address:
 25 WEST FLAGLER ST
 Address:
 2512 ABACO AVE

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:
 MIAMI, FL 33133

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.

SIGNATURE: ROBERT V. FITZSIMMONS D 04/15/2009