2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000392

Entity Name: BOOSTERS OF CUB SCOUT PACK 100, INC.

FILED Jan 19, 2007 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
	OWARD BLVD DN, FL 33324), STE 300				
Current Mailing Address:			New Ma	New Mailing Address:		
8181 W BROWARD BLVD, STE 300 PLANTATION, FL 33324				7670 ATLANTA STREET HOLLYWOOD, FL 33024		
FEI Number:	74-3113934	FEI Number Applied For ()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name a	nd Address of N	lew Registered Agent:	
8181 W BR PLANTATIO		US	rpose of changin	g its registered c	office or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent			t		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ()E WILSON, PAULA 7670 ATLANTA S HOLLYWOOD, F	Т	Title: Name: Address: City-St-Zip) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E PROELING, DAVI 10821 NW 17TH PEMBROKE PINI	PLACE	Title: Name: Address: City-St-Zip	SPIRITI, DENIS 3346 SW 1815	T TERR	
Title: Name: Address: City-St-Zip:	D () E MANN, LAURA 13221 SW 32 CT DAVIE, FL 33330		Title: Name: Address: City-St-Zip	GIBSON, TRAC 8251 NW 13TH		
Title: Name: Address: City-St-Zip:	TD () E TAYLOR, LISA 15830 N SEDGE DAVIE, FL 3333		Title: Name: Address: City-St-Zip	LONG, WILLIA 870 CUMBERL	AND TERR	
Title: Name: Address: City-St-Zip:	SD () E BRITTAIN, KAREI 14752 VISTA LUN DAVIE, FL 33329	NA DR	Title: Name: Address: City-St-Zip	MANDA, CARO 15900 N WIND	CIRCLE	
Title: Name: Address: City-St-Zip:	VP () C PROELING, ELIS 10821 NW 17TH PEMBROKE PINI	PLACE	Title: Name: Address: City-St-Zip	KOELSCH, MIC 960 NW 202NE		

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: PAULA WILSON PD 01/19/2007