2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N04000004243

Entity Name: FLORIDA HOCKEY FOUNDATION, INC.

Current Principal Place of Business:

246 2ND STREET
STE 100
SAFETY HARBOR, FL 34695

New Principal Place of Business:

21910 HALE RD
LAND OLAKES, FL 34639

Current Mailing Address:

246 2ND STREET
STE 100
SAFETY HARBOR, FL 34695

New Mailing Address:

21910 HALE RD
LAND OLAKES, FL 34639

FEI Number: 65-1228418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENSCH, GENE
246 2ND STREET
STE 100
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

OLIVIER, RAY
21910 HALE RD
LAND OLAKES, FL 34639 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: RAY OLIVIER 04/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLIVIER, RAYMOND
Address: 246 2ND STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S ( ) Delete
Name: ROYER, CHRISTIAN
Address: 246 2ND STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: M (X) Delete
Name: BEAUDIN, DAVID
Address: 246 2ND STREET
City-St-Zip: SAEFTY HARBOR, FL 34695

Title: M (X) Delete
Name: RENSCH, GENE
Address: 246 2ND STREET
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLIVIER, RAYMOND
Address: 21910 HALE RD
City-St-Zip: LAND OLAKES, FL 34639

Title: S,T (X) Change ( ) Addition
Name: OLIVIER, TAMMY
Address: 21910 HALE RD
City-St-Zip: LAND OLAKES, FL 34639

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: RAY OLIVIER P 04/17/2006
Electronic Signature of Signing Officer or Director Date