

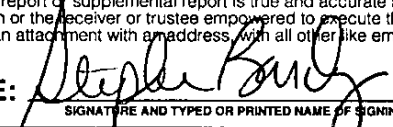


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90105 033 ****61.25

DOCUMENT # N04000004282					
1. Entity Name SOUTH PALM BEACH OCTOBER REGIONAL TOURNAMENT, INC.					
Principal Place of Business 640 EAST ATLANTIC AVENUE SUITE 1 DELRAY BEACH, FL 33483			Mailing Address 640 EAST ATLANTIC AVENUE SUITE 1 DELRAY BEACH, FL 33483		
2. Principal Place of Business 808 Flamingo Dr Suite, Apt. #, etc.		3. Mailing Address 808 Flamingo Dr Suite, Apt. #, etc.			
City & State West Palm Beach FL		City & State WPB, FL		4. FEI Number 20-1072494	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EICHAS, TERRY R 640 EAST ATLANTIC AVENUE SUITE 1 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name: Stephen Bandy Street Address (P.O. Box Number is Not Acceptable): 808 Flamingo Drive City: West Palm Bch FL Zip Code: 33401		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EICHAS, TERRY R 640 EAST ATLANTIC AVENUE SUITE 1 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President EARL BUNNING 808 FLAMINGO DR WPB, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMPKE, JEFFREY R 640 EAST ATLANTIC AVENUE SUITE 1 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President STEPHEN BARDY 808 FLAMINGO DR. WPB FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REY, KEVIN T 640 EAST ATLANTIC AVENUE SUITE 1 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CAMERON CRAIG 3658 Alhambra Dr. #6-2 WPB, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUNNING, EARL 640 EAST ATLANTIC AVENUE SUITE 1 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA MOOREHEAD 12979 Hampton Lakes Circle Boynton Bch, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			STEPHEN BARDY		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-7-06		561 868 4330
			<small>Date</small>		<small>Daytime Phone #</small>