2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005
Secretary of State

DOCUMENT# N04000004788

Entity Name: FLORIDA QUIZZING ASSOCIATION, INC.

Current Principal Place of Business:

415 LOCHMOND DRIVE
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

415 LOCHMOND DRIVE
FERN PARK, FL 32730

New Mailing Address:

FEI Number: 55-0868807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEST, MATTHEW
415 LOCHMOND DR
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEST, MATTHEW
Address: 415 LOCHMOND DR
City-St-Zip: FERN PARK, FL 32730

Title: D ( ) Delete
Name: DOUGLAS, DAVID
Address: 998 SW NORTH GLOBE AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: CALLAWAY, BRANT IV
Address: 2022 WINDFIELD DR
City-St-Zip: MONROE, GA 30655

Title: P ( ) Delete
Name: WEST, MATTHEW
Address: 415 LOCHMOND DR
City-St-Zip: FERN PARK, FL 32730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: MATTHEW WEST P 08/18/2005

Electronic Signature of Signing Officer or Director — Date