


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90081 014 ****61.25

DOCUMENT # N04000004929	
1. Entity Name STINGRAY BAND BOOSTERS, INC.	

Principal Place of Business 1200 S. MYRTLE AVE. NEW SMYRNA BEACH, FL 32168	Mailing Address 1200 S. MYRTLE AVE. NEW SMYRNA BEACH, FL 32168
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40038413



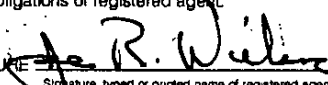
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03142007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1242813	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DENNIS, KIMBERLY J 14 PINES EDGE COURT EDGEWATER, FL 32132		7. Name and Address of New Registered Agent Name JANE WIELAND Street Address (P.O. Box Number is Not Acceptable) 4359 SEA COVE City NEW SMYRNA BEACH FL Zip Code 32169	
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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 	DATE 03/15/07

Filing Fee is \$61.25. Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNIS, KIMBERLY J 14 PINES EDGE COURT EDGEWATER, FL 32132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANE WIELAND 4359 SEA COVE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTOVENIA, GINA 1381 TATUM BLVD NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOB HEWES 3001 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KISCH, KELLY 1100 WILLARD ST. NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL DAVIS 501 VINEYARD LN. NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, CATHERINE 804 E. NINETEENTH AVE. NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT CLIBBON 6427 ENGRAM RD. NEW SMYRNA BEACH, FL 32169 <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 or 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.	
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SIGNATURE: 	DATE: MAR 15/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>