2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N04000006036

Entity Name: WORLD CLASS BOXING CLUB, INC.

Current Principal Place of Business:

903 S. 21ST STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

700 S 33RD ST
FORT PIERCE, FL 34947

Current Mailing Address:

P.O. BOX 12054
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 38-3704964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTIAGO, RICHARD
333 SW DWIGHT AVE
PORT ST LUCIE, FL 34983 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: P ( ) Delete
Name: HALSEY, KAREN
Address: 1912 ZEPHYR AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: V (X) Delete
Name: SANTIAGO, DEADINA
Address: 333 S.W. DWIGHT AVE.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T ( ) Delete
Name: BRISSON, MICHELLE
Address: 1112 MARABELLA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: S ( ) Delete
Name: FLORES, CELINA
Address: 1000 WEST FIRST STREET
City-St-Zip: FORT PIERCE, FL 34982

Title: SA ( ) Delete
Name: WATERS, CHARLES
Address: 2935 ADMIRAL STREET
City-St-Zip: FORT PIERCE, FL 34982

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: S (X) Change ( ) Addition
Name: STONE, JENISE
Address: 7903 WINTER GARDEN PKWY
City-St-Zip: FORT PIERCE, FL 34951

Title: SA (X) Change ( ) Addition
Name: ROBEY, KEVIN
Address: 1565 SW UNDERWOOD AVE
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE BRISSON S 04/25/2007

Electronic Signature of Signing Officer or Director — Date