

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009056

FILED
Apr 28, 2006
Secretary of State

Entity Name: PALADINS ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

699 NE 26TH ST
STE 1
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

699 NE 26TH ST
STE 1
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 13-4287176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: GILLUND, RANDY B
Address: 699 NE 26TH ST STE 1
City-St-Zip: WILTON MANORS, FL 33305

Title: VD () Delete
Name: DODDY, LORI A
Address: 1478 NE 34TH CT APT A
City-St-Zip: OAKLAND PARK, FL 33334

Title: SD () Delete
Name: SACHS, JEFFERY L
Address: 699 NE 26TH ST STE 1
City-St-Zip: WILTON MANORS, FL 33305

Title: TD () Delete
Name: DUCOTE, DAMIEN N
Address: 1950 N ANDREWS AVE APT 217-D
City-St-Zip: WILTON MANORS, FL 33311

Title: V () Delete
Name: KARYN, SNEDEKER
Address: 2506 NW 53RD ST
City-St-Zip: TAMARAC, FL 33309

Title: V () Delete
Name: ANTHONY, GOBLE R
Address: 2800 NE 2ND TERR
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: SACHS, JEFFERY L
Address: 699 NE 26TH ST STE 1
City-St-Zip: WILTON MANORS, FL 33305

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

Title: SD (X) Change () Addition
Name: KARYN, SNEDEKER
Address: 2506 NW 53RD ST
City-St-Zip: TAMARAC, FL 33309

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: RANDY B. GILLUND

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date