


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90228 038 ****61.25

DOCUMENT # N04000009974	
1. Entity Name BRADENTON SEA DRAGONS SWIM TEAM, INC.	

Principal Place of Business 307 43RD STREET BOULEVARD EAST BRADENTON, FL 34208	Mailing Address 307 43RD STREET BOULEVARD EAST BRADENTON, FL 34208
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60043163



2. Principal Place of Business - No P.O. Box # 8754 21st Ave NW Suite, Apt. #, etc.	3. Mailing Address 8754 21st Ave NW Suite, Apt. #, etc.
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04182007 Chg-NP CR2E037 (12/06)

City & State Bradenton, FL Zip 34209 Country USA	City & State Bradenton, FL Zip 34209 Country USA
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4. FEI Number 75-3173938	<input type="checkbox"/> 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 WYATT, TYLER 307 43RD STREET BOULEVARD EAST BRADENTON, FL 34208	7. Name and Address of New Registered Agent Name Sue Troxler Street Address (P.O. Box Number is Not Acceptable) 8754 21st Ave NW City Bradenton FL Zip Code 34209
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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 Susan H. Troxler 4/24/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

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 PD NAME FRENCH, RANDY STREET ADDRESS 1007 39TH STREET WEST CITY-ST-ZIP BRADENTON, FL 34205 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME TROXLER, SUE STREET ADDRESS 8754 21ST AVENUE NW CITY-ST-ZIP BRADENTON, FL 34209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SCHNERING, LESLIE STREET ADDRESS 102 48 STREET WEST CITY-ST-ZIP BRADENTON, FL 34209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WYATT, TYLER STREET ADDRESS 307 43RD STREET BOULEVARD EAST CITY-ST-ZIP BRADENTON, FL 34208 <input checked="" 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	
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.

SIGNATURE: Leslie T. Schnering 4-18-07 941 713-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #