2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006
Secretary of State

DOCUMENT# N04000011037

Entity Name: FLORIDA EDUCATION FISHING FOUNDATION, INC.

Current Principal Place of Business:

1010 S OCEAN BLVD SUITE 810
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1010 S OCEAN BLVD SUITE 810
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-2173611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WARRICK, EVELYN J
1010 S OCEAN BLVD SUITE 810
POMPANO BEACH, FL 33062 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: WARRICK, GREG
Address: 8204 NW 42ND STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: 1VP ( ) Delete
Name: PASTOR, ROBERT
Address: 1321 SW 14TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: 2VP ( ) Delete
Name: WARRICK, EVELYNE J
Address: 1010 S OCEAN BLVD SUITE 810
City-St-Zip: POMPANO BEACH, FL 33062

Title: S ( ) Delete
Name: MOSELLE, ROBIN
Address: 100 NW 70TH AVE SUITE 200
City-St-Zip: PLANTATION, FL 33317

Title: T ( ) Delete
Name: LEE, ERNEST J JR
Address: 777 S FEDERAL HWY SUITE H101
City-St-Zip: POMPANO BEACH, FL 33062

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:

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: ROBIN MOSELLE S 05/10/2006

Electronic Signature of Signing Officer or Director — Date