2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000252

FILED Apr 30, 2007 Secretary of State

Entity Name: THUNDERBIRDS MAGNET BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1072 NE 1760TH TERRACE 3410 NW 95 ST NORTH MIAMI BEACH, FL 33162 MIAMI, FL 33147

Current Mailing Address: New Mailing Address:

 1072 NE 1760TH TERRACE
 3410 NW 95 ST

 NORTH MIAMI BEACH, FL 33162
 MIAMI, FL 33147

FEI Number: 20-2151253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SMITH, MARY
 GELIN, MARYLINE

 1072 NE 1760TH TERRACE
 3410 NW 95 ST

 NORTH MIAMI BEACH, FL 33162
 US

 MIAMI, FL 33147
 US

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: MARYLINE GELIN 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 SMITH, MARY
 Name:
 GELIN, MARYLINE

 Address:
 1072 NE 1760TH TERRACE
 Address:
 3410 NW 95 ST

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:
 MIAMI, FL 33147

Title: VD () Delete Title: () Change () Addition Name: THEODORE, MICHELLE Name:

 Name:
 I HEODORE, MICHELLE
 Name:

 Address:
 6143 NW 183 LANE
 Address:

 City-St-Zip:
 HIALEAH, FL 33015
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition Name: BERNARD, IRLANDE Name: FORD, SUZZANE

 Name:
 BERNARD, IRLANDE
 Name:
 FORD, SU∠ZANE

 Address:
 421 NW 147TH STREET
 Address:
 18902 NE 2 AVE

 City-St-Zip:
 MIAMI, FL 33168
 City-St-Zip:
 MIAMI, FL 33179

 Name:
 ELVIR, MIRIAM
 Name:
 MURRAY, DONNA

 Address:
 4975 NW 167TH STREET
 Address:
 3870 NW 171 TERR

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:
 MIAMI, FL 33055

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: MARYLINE GELIN P 04/30/2007