2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2008
Secretary of State

DOCUMENT# N05000000514

Entity Name: PALM BEACH CENTRAL BOYS LACROSSE INC

Current Principal Place of Business:

8499 FOREST HILL BLVD.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

PO BOX 212307
WEST PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 20-2190540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DEMARTINO, DOROTHY
265 WESTWOOD CIRCLE E
WEST PALM BEACH, FL 33411 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: DEMARTINO, DOROTHY
Address: 265 WESTWOOD CIRCLE E
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP ( ) Delete
Name: ALLEN, WILLIAM
Address: PO BOX 212307
City-St-Zip: WEST PALM BEACH, FL 33421

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEMARTINO, DOROTHY
Address: 265 WESTWOOD CIRCLE E
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Change ( ) Addition
Name: ALLEN, WILLIAM
Address: PO BOX 212307
City-St-Zip: WEST PALM BEACH, FL 33421

Title: D ( ) Change (X) Addition
Name: ALBERS, MARK
Address: PO BOX 212307
City-St-Zip: WEST PALM BEACH, FL 33421

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: DOROTHY DEMARTINO D 05/03/2008

Electronic Signature of Signing Officer or Director — Date