

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000004529 1. Entity Name CHRISTIAN SKATERS, INC.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 07 MAY 22 PM 3:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>													
Principal Place of Business 5290 NE 14 AVE POMPANO BEACH, FL 33064		Mailing Address 5290 NE 14 AVE POMPANO BEACH, FL 33064															
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 															
City & State 		City & State 															
Zip 	Country 	Zip 	Country 	4. FEI Number 20-2772942 Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05222007 Chg-NP CR2E037 (12/06)													
6. Name and Address of Current Registered Agent FRALLICCIARDI, ULISES 5290 NE 14 AVE POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																	
Amended AR is \$61.25		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													
10. OFFICERS AND DIRECTORS																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> P PECHONIS, MICHAEL 311 NE 44TH CT DEERFIELD BEACH, FL 33064 </td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td> V FRALLICCIARDI, TONI 5290 NE 14 AVE POMPANO BEACH, FL 33064 </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> T FERRARO, JOSEPH 9260 NW 15TH ST CORAL SPRINGS, FL 33071 </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> S FRALLICCIARDI, ULISES 5290 NE 14 AVE POMPANO BEACH, FL 33064 </td> <td style="text-align: center;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td> D PECHONIS, PHILLIP 311 NE 44TH CT DEERFIELD BEACH, FL 33064 </td> <td style="text-align: center;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> </tr> </table>					P PECHONIS, MICHAEL 311 NE 44TH CT DEERFIELD BEACH, FL 33064	<input checked="" type="checkbox"/> Delete	V FRALLICCIARDI, TONI 5290 NE 14 AVE POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	T FERRARO, JOSEPH 9260 NW 15TH ST CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	S FRALLICCIARDI, ULISES 5290 NE 14 AVE POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete	D PECHONIS, PHILLIP 311 NE 44TH CT DEERFIELD BEACH, FL 33064	<input checked="" type="checkbox"/> Delete	 	<input type="checkbox"/> Delete
P PECHONIS, MICHAEL 311 NE 44TH CT DEERFIELD BEACH, FL 33064	<input checked="" type="checkbox"/> Delete																
V FRALLICCIARDI, TONI 5290 NE 14 AVE POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete																
T FERRARO, JOSEPH 9260 NW 15TH ST CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete																
S FRALLICCIARDI, ULISES 5290 NE 14 AVE POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete																
D PECHONIS, PHILLIP 311 NE 44TH CT DEERFIELD BEACH, FL 33064	<input checked="" type="checkbox"/> Delete																
 	<input type="checkbox"/> Delete																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> President ulises Frallicciardi 5290 NE 14 AVENUE Pompano Beach, FL 33064 </td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						President ulises Frallicciardi 5290 NE 14 AVENUE Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
President ulises Frallicciardi 5290 NE 14 AVENUE Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
 	<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: <i>U Frallicciardi</i> 5/22/07 954 719-1075 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	