

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90045 010 \*\*\*\*70.00

<b>DOCUMENT # N05000004793</b>					
<b>1. Entity Name</b> YOUR GREATEST FAN, INC.					
<b>Principal Place of Business</b> 2675 MUSCATELLO ST ORLANDO, FL 32837			<b>Mailing Address</b> 2675 MUSCATELLO ST ORLANDO, FL 32837		
<b>2. Principal Place of Business</b> 5334 CENTRAL FLORIDA PKY Suite, Apt. #, etc. # 270		<b>3. Mailing Address</b> P.O. BOX 620011 Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		<b>4. FEI Number</b> 20-2812432	
Zip 32821		Country ORANGE		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DETELLIS, TIMOTHY 2675 MUSCATELLO ST ORLANDO, FL 32837			<b>7. Name and Address of New Registered Agent</b> Name <u>TIMOTHY DETELLIS</u> Street Address (P.O. Box Number is Not Acceptable) 5334 CENTRAL FLORIDA PARKWAY # 270 City <u>ORLANDO</u> <u>FL</u> Zip Code <u>32821</u>		
<b>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.</b>					
SIGNATURE <u></u> <u>TIMOTHY DETELLIS</u> <span style="float: right;">1/9/2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETELLIS, TIMOTHY 2675 MUSCATELLO ST ORLANDO, FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT /DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DETELLIS, TIMOTHY 5334 CENTRAL FLORIDA PKY #270 ORLANDO FL 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DETELLIS, DANIKA 2675 MUSCATELLO ST ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CANGRO, RON 2626 WINDSOR HILL DR WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DORVAL, ANTHONY 13857 AMELIA POND DR WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FELTS, STEPHEN 10400 EASTPARK WOODS DR ORLANDO, FL 32832		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	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RANDY ALONSO 1970 BARTON BOULEVARD ROCKLEDGE FL 32955	
<b>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 or without other like empowered.</b>					
SIGNATURE: <u></u> <u>TIMOTHY DETELLIS</u> <span style="float: right;">1/9/2006 407 888 3060</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					