2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N05000005917

Entity Name: PANHANDLE GERMAN SHORTHAIRED POINTER CLUB, INC.

Current Principal Place of Business:

5125 HIGH BRIDGE RD
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

5125 HIGH BRIDGE RD
QUINCY, FL 32351

New Mailing Address:

FEI Number: 20-3001261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EUSTACE, JAMES A
9383 VANDIVERE DR
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

EUSTACE, JAMES A
8626 BRISTOLWOOD CIRCLE
NAVARRE, FL 32566 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: _____ 04/25/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KNOUFF, TODD
Address: 5125 HIGH BRIDGE RD
City-St-Zip: QUINCY, FL 32351

Title: V ( ) Delete
Name: BRYANT, MARISSA
Address: 2240 RR1
City-St-Zip: MADISON, FL

Title: S ( ) Delete
Name: EELLS, VIVKI
Address: 1003 RIDGEWOOD COVE S
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: EUSTACE, JIM
Address: 9383 VANDIVERE DR
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: CARMODY, MIKE
Address: 3023 RIVER RD
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: STRHAN, ED
Address: PO BOX 412
City-St-Zip: FOUNTAIN, FL 32438

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:

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: JIM EUSTACE T 04/25/2006
Electronic Signature of Signing Officer or Director — Date