## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008598

Entity Name: MARGATE DRAGONS INC.

FILED Aug 06, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4327 NW 70TH LANE

CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

4327 NW 70TH LANE

CORAL SPRINGS, FL 33065 US

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

BEEHLER, SHANNON BEEHLER, SHANNON G
4327 NW 70TH LANE
4327 NW 70TH LANE

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 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: SHANNON BEEHLER 08/06/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:BEEHLER, SHANNONName:BEEHLER, SHANNON GAddress:4327 NW 70TH LANEAddress:4327 NW 70TH LANE

City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: DOMINGUEZ, MITCHELL Name: THOMAS, TIM

Address: 6002 NW 1 STREET Address: 324 SUNSHINE DRIVE

City-St-Zip: MARGATE, FL 33063 US City-St-Zip: COCONUT CREEK, FL 33066 US

Title: STD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LARA, RAMON
 Name:

 Address:
 6175 SW 2ND STREET
 Address:

 City-St-Zip:
 MARGATE, FL 33068 US
 City-St-Zip:

Title: SD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 THOMAS, TIM
 Name:

 Address:
 324 SUNSHINE DRIVE
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33066 US
 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: SHANNON BEEHLER PD 08/06/2006