2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009264

Entity Name: HOCKEY GROUP OF SOUTH FLORIDA, INC.

Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 936621 PBOX 936621

MARGATE, FL 33093 US MARGATE, FL 33093 US

Current Mailing Address: New Mailing Address:

PO BOX 936621 BOX 936621

MARGATE, FL 33093 US MARGATE, FL 33093 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALSH, STEPHANIE J 3597 CÓCO PLUM CIRCLE COCONUT CREEK, FL 33063 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DIR () Change () Addition () Delete

WALSH, STEPHANIE J Name: Name: 3597 COCO PLUM CIRCLE Address: Address: City-St-Zip: COCONUT CREEK, FL 33063 US City-St-Zip:

Title: DIR () Delete Title: () Change () Addition

WALSH, JIM Name: Name: Address: PO BOX 936621 Address: City-St-Zip: MARGATE, FL 33093 US City-St-Zip:

Title: DIR () Delete Title: DIR (X) Change () Addition DOMINGO, KIRSTEN M LEVOW, HEATHER Name: Name:

3681 TURTLE RUN BLVD APT 1123 Address: Address: PO BOX 936621 City-St-Zip: CORAL SPRINGS, FL 33067 US City-St-Zip: MARGATE, FL 33093 US

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

Name: OTA, KAREN L Name: OTA, KAREN L 231 NW 53RD STREET PO BOX 936621 Address: Address:

City-St-Zip: FT LAUDERDALE, FL 33309 US City-St-Zip: MARGATE, FL 33093 US

Title: () Delete Title: (X) Change () Addition INGS, WENDY EICHLER, SUSAN Name: Name:

2407 COOLIDGE ST PO BOX 936621 Address: Address: MARGATE, FL 33093 US City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip:

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

MADIGAN, KELLEY Name: Name: Address: Address: PO BOX 936621 MARGATE, FL 33093 US City-St-Zip: City-St-Zip:

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: STEPHANIE J WALSH DIR 04/25/2007