2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N05000010741

Entity Name: THE MIRAMAR QUARTER BACK CLUB, INC.

Current Principal Place of Business:

8362 PINES BLVD #125
PEMBROKE PINES, FL 330246600

New Principal Place of Business:

3601 SW 89TH AVE
MIRAMAR, FL 33025

Current Mailing Address:

8362 PINES BLVD #125
PEMBROKE PINES, FL 330246600

New Mailing Address:

8362 PINES BLVD
#125
PEMBROKE PINES, FL 330246600

FEI Number: 20-3395405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ALLEN, SHARON
2701 TARPON DRIVE
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLEN, SHARON
Address: 8362 PINES BLVD #125
City-St-Zip: PEMBROKE PINES, FL 330246600

Title: V ( ) Delete
Name: WILLIAMS, MICHAEL
Address: 3921 EAST LAKES RD
City-St-Zip: MIRAMAR, FL 33023

Title: T ( ) Delete
Name: PRRECIADO, ROSA
Address: 2843 BAHAMA DR
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLEN, SHARON
Address: 2701 TARPON DRIVE
City-St-Zip: MIRAMAR, FL 33023

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: SHARON ALLEN P 05/01/2006
Electronic Signature of Signing Officer or Director — Date