2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N05000011875

Entity Name: CYCLING FOR CANCER, INC.

Current Principal Place of Business:

6056 NW 40TH STREET
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

6056 NW 40TH STREET
CORAL SPRINGS, FL 33067

New Mailing Address:

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D ( ) Delete
Name: HOFFER, BRET P
Address: 6056 NW 40TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: TAMBURELLO, VINNIE
Address: 1620 E SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: TAMBURELLO, EZIO
Address: 1620 E SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: HOFFER, BRET P
Address: 6056 NW 40TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067

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: BRET P. HOFFER DR. 04/12/2006

Electronic Signature of Signing Officer or Director — Date