2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N06000005828

Entity Name: COACH ROB'S BENEFIT BASH INC.

Current Principal Place of Business:

9844 MONTCLAIR CIRCLE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

9844 MONTCLAIR CIRCLE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 22-3933729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADFORD, ROB
9844 MONTCLAIR CIRCLE
APOPKA, FL 32703 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: BRADFORD, ROB
Address: 9844 MONTCLAIR CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete
Name: BRADFORD, KIM
Address: 9844 MONTCLAIR CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete
Name: BIRMINGHAM, TODD
Address: 9857 MONTCLAIRE CIRCLE
City-St-Zip: APOPKA, FL 32703

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:

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: TODD BIRMINGHAM V 03/12/2008

Electronic Signature of Signing Officer or Director — Date