

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 31, 2007
Secretary of State

DOCUMENT# N06000006515

Entity Name: TRACE ARTS AND ATHLETIC FOUNDATION, INC.**Current Principal Place of Business:**4365 OKEECHOBEE BLVD.
B4
WEST PALM BEACH, FL 33409**New Principal Place of Business:****Current Mailing Address:**4365 OKEECHOBEE BLVD.
B4
WEST PALM BEACH, FL 33409**New Mailing Address:****FEI Number:** 20-5777947 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MULLER, LAUREEN
4365 OKEECHOBEE BLVD.
B4
WEST PALM BEACH, FL 33409 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: MULLER, LAUREEN
Address: 12272 68TH STREET N
City-St-Zip: ROYAL PALM BEACH, FL 33412**Title:** VP () Delete
Name: MULLER, PETER R
Address: 12272 68TH STREET N
City-St-Zip: ROYAL PALM BEACH, FL 33412**Title:** SECY () Delete
Name: BROWN, AARON
Address: 4365 OKEECHOBEE BLVD., B4
City-St-Zip: WEST PALM BEACH, FL 33409**Title:** TREA () Delete
Name: LYNCH, TARA
Address: 4365 OKEECHOBEE BLVD., B4
City-St-Zip: WEST PALM BEACH, FL 33409**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SECY (X) Change () Addition
Name: MULLER, LAUREEN
Address: 4365 OKEECHOBEE BLVD., B4
City-St-Zip: WEST PALM BEACH, FL 33409**Title:** TREA (X) Change () Addition
Name: MULLER, PETER R
Address: 4365 OKEECHOBEE BLVD., B4
City-St-Zip: WEST PALM BEACH, FL 33409

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: LAUREEN MULLER

P

07/31/2007

Electronic Signature of Signing Officer or Director

Date