2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007576

Entity Name: WEST COAST RIP TIDE ACADEMY, INC

FILED Aug 30, 2007 Secretary of State

11342 DANCING RIVER DRIVE VENICE, FL 34292

Current Mailing Address: New Mailing Address:

11342 DANCING RIVER DRIVE VENICE, FL 34292

FEI Number: 20-5226516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

BEDFORD, PAUL BEDFORD, PAUL A MR 11342 DANCING RIVER DRIVE 11342 DANCING RIVER DRIVE VENICE, FL 34292 US VENICE, FL 34292

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: PAULA BEDFORD 08/30/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BEDFORD, PAUL BEDFORD, PAUL A MR Name: Name: Address: 11342 DANCING RIVER DRIVE Address: 11342 DANCING RIVER DRIVE

City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292

Title: Title: (X) Change () Addition () Delete Name: BIGNESS, PAUL Name: WISKOWSKI, LEE MR Address: 100 CRESTVIEW DRIVE Address: 166 SPUR DRIVE

ROTONDA WEST, FL 33947 City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip:

Title: () Delete Title: (X) Change () Addition BIESENBACH, AMY Name: KIMBERLIN, LORI MRS Name:

21302 PEACHLAND BOULEVARD 10430 GRAIL AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33954 City-St-Zip: ENGLEWOOD, FL 34224

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

SHIFFLETT, DONNA MRS Name: ALLSEITS, MARY Name: 715 WEST WENTWORTH STREET 4005 BAY OAKS CIRCLE Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: Title: () Delete () Change (X) Addition HARRADINE, TIMOTHY MR Name: Name: Address:

10508 GREENWAY AVE Address: ENGLWOOD, FL 34224 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: PAUL A BEDFORD Ρ 08/30/2007