


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010000	
1. Entity Name ORLANDO HURRICANES POWER SOCCER, INC.	

Principal Place of Business 3857 BLACKBERRY CIRCLE ST. CLOUD, FL 34769 US	Mailing Address 3857 BLACKBERRY CIRCLE ST. CLOUD, FL 34769 US
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DO NOT WRITE IN THIS SPACE



04132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5676320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOSTER-HENNIGHAN, SHARI M
3857 BLACKBERRY CIRCLE
ST. CLOUD, FL 34769**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4/13/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

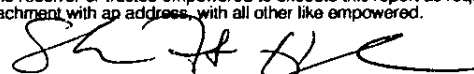
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000901325 04/29/08-80064-013 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER-HENNIGHAN, SHARI M 3857 BLACKBERRY CIRCLE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCHUGH, MARY 31427 GHENT AVE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEPIN, MARY M 17881-229TH DR. LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #