

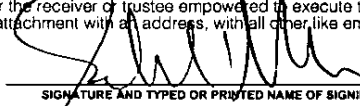


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 SEP 22 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010456 1. Entity Name HUNTER'S CREEK SOCCER CLUB, INC.					
Principal Place of Business 5028 BRIGHTMOUR CIRCLE ORLANDO, FL 32837			Mailing Address 5028 BRIGHTMOUR CIRCLE ORLANDO, FL 32837		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State * Zip Country		City & State Zip Country		4. FEI Number 26-0462231	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RASMUSSEN, RICHARD A 5028 BRIGHTMOUR CIRCLE ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASMUSSEN, RICHARD A 5028 BRIGHTMOUR CIRCLE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLCA, CARLOS 14101 TOWN LOOP BLVD ORLANDO, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANEDA, TARA 14059 SOBRADO DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYALA, DARIO 14101 TOWN LOOP BLVD ORLANDO, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWRY, MARK 14101 TOWN LOOP BLVD ORLANDO, FL 32837	<input type="checkbox"/> Delete	100136307191 09/24/08--01035--003 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMAHON, DAVE 14101 TOWN LOOP BLVD ORLANDO, FL 32837	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRETER, TERRY 14101 TOWN LOOP BLVD ORLANDO, FL 32837	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSALLAM, SULEIMAN 14101 TOWN LOOP BLVD ORLANDO, FL 32837	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  SULEIMAN MUSALLAM 9/17/2008 7274171529 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

9/22/08