2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N06000011241

Entity Name: IGNITE VOLLEYBALL ACADEMY, INC.

Current Principal Place of Business:

116 HARMONY LN.
TITUSVILLE, FL 32780

New Principal Place of Business:

957 OCASO LN
201
ROCKLEDGE, FL 32955

Current Mailing Address:

116 HARMONY LN.
TITUSVILLE, FL 32780

New Mailing Address:

957 OCASO LN
201
ROCKLEDGE, FL 32955

FEI Number: 56-2619928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAINES, JOHN C
116 HARMONY LN.
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

HAINES, JOHN C
957 OCASO LN
201
ROCKLEDGE, FL 32955 US

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: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAINES, JOHN C
Address: 116 HARMONY LN.
City-St-Zip: TITUSVILLE, FL 32780

Title: VP ( ) Delete
Name: HAINES, LAURIE A
Address: 116 HARMONY LN.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HAINES, JOHN C
Address: 957 OCASO LN #201
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change ( ) Addition
Name: HAINES, LAURIE A
Address: 957 OCASO LN #201
City-St-Zip: ROCKLEDGE, FL 32955

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: JOHN HAINES P 04/14/2009
Electronic Signature of Signing Officer or Director — Date