

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 28, 2007
Secretary of State

DOCUMENT# N06000012201

Entity Name: FLORIDA SURFCASTERS INC

Current Principal Place of Business:1055 SEAHAWK DR. N.
PONTE VEDRA BEACH, FL 32082**New Principal Place of Business:**2684 SENECA DR.
ST. JOHNS, FL 32259**Current Mailing Address:**1055 SEAHAWK DR. N.
PONTE VEDRA BEACH, FL 32082**New Mailing Address:**2684 SENECA DR.
ST. JOHNS, FL 32259

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BARRY, BARTON R III
1055 SEAHAWK DR. N.
PONTE VEDRA BEACH, FL 32082 US**Name and Address of New Registered Agent:**HOPFER, E. W
2684 SENECA DR.
ST. JOHNS, FL 32259 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: E. WILLIAM HOPFER

08/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: BOOKER, BRIAN
Address: 1055 SEAHAWK DR. N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082Title: V () Delete
Name: AUSTIN, STEVE
Address: 1055 SEAHAWK DR. N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082Title: S () Delete
Name: LARSON, BUD
Address: 1055 SEAHAWK DR. N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082Title: T () Delete
Name: BARRY, BARTON
Address: 1055 SEAHAWK DR. N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: BOOKER, BRIAN
Address: 2684 SENECA DR
City-St-Zip: ST JOHNS, FL 32259Title: V (X) Change () Addition
Name: BARRY, BARTON R III
Address: 2684 SENECA DR
City-St-Zip: ST. JOHNS, FL 32259Title: S (X) Change () Addition
Name: BRIDGEMAN, KARL
Address: 2684 SENECA DR
City-St-Zip: ST. JOHNS, FL 32259Title: T (X) Change () Addition
Name: HOPFER, E. W
Address: 2684 SENECA DR
City-St-Zip: ST. JOHNS, FL 32259

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: E.WILLIAM HOPFER

T

08/28/2007

Electronic Signature of Signing Officer or Director

Date