2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002762

Title:

Name:

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

Entity Name: FAST BOOSTER CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 642 SE 19TH AVE. SUITE 1 DEERFIELD BEACH, FL 33441 **New Mailing Address: Current Mailing Address:** 642 SE 19TH AVE. SUITE 1 DEERFIELD BEACH, FL 33441 FEI Number: 20-8636940 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: WILLIAMS, ALAN WILLIAMS, ALLAN 642 SE 19TH AVE. 642 SE 19TH AVE. SUITE 1 SUITE 1 DEERFIELD BEACH, FL 33441 US DEERFIELD BEACH, FL 33441 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: ALLAN WILLIAMS 05/01/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CZAJA, TRACI Name: Name: Address: 7863 TEXAS TR Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MERRILL, RICH Name: Address: 1390 NW 4TH ST Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change () Addition DENNIS, KAREN Name: Name: 20100 PALM ISLAND DR. Address: Address: City-St-Zip: BOCA RATON, FL 33498 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL L BROWN D 05/01/2008

() Delete

BROWN, MICHAEL

4520 NW 5TH AVE.

BOCA RATON, FL 33431

() Change () Addition