2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002762

Name:

Address:

City-St-Zip:

BROWN, MICHAEL

4520 NW 5TH AVE.

BOCA RATON, FL 33431

Entity Name: FAST BOOSTER CLUB, INC.

FILED May 01, 2009 Secretary of State

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, ALLAN 642 SE 19TH AVE. SUITE 1 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: 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: (X) Change () Addition DENNIS, KAREN Name: SUZANNE, WILLIAMS Name: 20100 PALM ISLAND DR. 642 SE 19TH AVE, SUITE 1 Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: DEERFIELD BEACH, FL 33441 Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL L BROWN D 05/01/2009