2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011803

FILED Feb 05, 2008 Secretary of State

Entity Name: BRANDON SPARKS VOLLEYBALL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 4006 CARENON LANE VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** PO BOX 6745 4006 CARENON LANE VALRICO, FL 33594 BRANDON, FL 33508 FEI Number: 26-1886873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD., STE. 400 MIAMI BEACH, FL 33139 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 CARVER, BRYAN Name: Name: Address: 4006 CARENON LANE Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: (X) Change () Addition WIRICK, CHARLES Name: Name: WIRICK, CHARLES Address: 4006 CARENON LANE Address: 6313 COCOA LANE City-St-Zip: VALRICO, FL 33594 City-St-Zip: APOLLO BEACH, FL 33572 Title: () Delete Title: (X) Change () Addition HASICK, SANDRA HASICK, SANDRA Name: Name: 4006 CARENON LANE Address: Address: 100 NBC LANE City-St-Zip: VALRICO, FL 33594 City-St-Zip: MEIGS, GA 31765 Title: () Delete Title: () Change (X) Addition COLLINS, CRAIG Name: Name: Address: Address: PO BOX 1324 City-St-Zip: City-St-Zip: GIBSONTON, FL 33534

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: BRYAN CARVER MR 02/05/2008