2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N08000005602

Entity Name: SOUTH FLORIDA YOUTH TRIATHLETES, INC.

Current Principal Place of Business:

22491 LABRADOR ST.
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

22491 LABRADOR ST.
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 26-2896332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALCONE, JOSEPH
22491 LABRADOR ST.
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: FALCONE, JOSEPH
Address: 7777 GLADES RD., STE. 209
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: FALCONE, DEVON
Address: 7777 GLADES RD., STE. 209
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: HERSCHBEIN, IRA
Address: 7777 GLADES RD., SUITE 209
City-St-Zip: BOCA RATON, FL 33437

Title: D ( ) Delete
Name: GARRARD, DANIELLE
Address: 7777 GLADES RD., STE. 209
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: MCGEE, JESSICA
Address: 7777 GLADES RD., STE. 209
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: JOSEPH FALCONE D 04/28/2009

Electronic Signature of Signing Officer or Director — Date