2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N12885

Entity Name: ORLANDO CULVERT DODGERS, INC.

Current Principal Place of Business:

% BRIAN WATTS
20706 MELVILLE STREET
ORLANDO, FL 32833

New Principal Place of Business:

Current Mailing Address:

% BRIAN WATTS
20706 MELVILLE STREET
ORLANDO, FL 32833

New Mailing Address:

FEI Number: 59-2640227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATTS, BRIAN
20706 MELVILLE STREET
ORLANDO, FL 32833 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: PD ( ) Delete
Name: FARROW, WAYNE
Address: 6430 STANWIN DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete
Name: WEINMAN, GARY
Address: 11447 TUSCARORA LANE
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: WATTS, BRIAN
Address: 20706 MELVILLE STREET
City-St-Zip: ORLANDO, FL 32833

Title: SD ( ) Delete
Name: WATTS, ELISSA
Address: 20706 MELVILLE STREET
City-St-Zip: ORLANDO, FL 32833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SANTIAGO, JORGE
Address: 2431 N QUAIL RUN BLVD
City-St-Zip: KISSIMMEE, FL 34744

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: BRIAN WATTS TD 04/24/2008

Electronic Signature of Signing Officer or Director — Date