2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 21, 2008 DOCUMENT# N26160 Secretary of State

Entity Name: THE SCOTT LAKE ATHLETIC CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

17710 N.W. 15TH COURT MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

4775 NW 169TH STREET MIAMI GARDENS, FL 33055 US

FEI Number: 65-0122677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MAULTSBY, MARTIN TIM, TURNER 3330 NW 208TH STREET 4775 NW 169TH STREET US US MIAMI GARDENS, FL 33055 MIAMI GARDENS, FL 33056

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: TIM TURNER 07/21/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete ADDERLY, OLIVER Name: Name:

17710 NW 15TH CT Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: HICKS, AUDREY Name: Address: 17721 NW 14TH PLACE Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip:

Title: () Delete Title: () Change () Addition

MAULTSBY, MARTIN Name: Name: 4775 NW 169 STREET Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip:

() Delete Title: Title: () Change () Addition

PIERREPAUL, SANDRA Name: Name: 18330 NW 10TH COURT Address: Address: City-St-Zip: MIAMI, FL 33169 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: MARTIN MAULTSBY PD 07/21/2008