2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

1. Entity Name FULLTRACK CONSERVATION CLUB OF DADE COUNTY, INC.					05-02-2006 90	0187 048 ***	*70.00	
Principal Place C/ORICHARD 375 N. W. 12 N. MIAMI, FL	VICKERS JR. 23 ST. 33168 US	Mailing Address C/ORICHARD VICKERS IR 375 N. W. 123 ST. N. MIAMI, FL 33168	US				1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
2. Principal Place of Business C/O ALBERT BRYAN 3. Mailing Address C/O ALBERT BRYAN C/O ALBERT R			BRYAN	<u>/</u>		II		
Suite, Apt. 65 / 0	SW 29 ST	Suite, Apt. #, etc. 6510 SW 29	1 ST	01272006	Chg-NP	CR2E037 (11/05)	
City & State		City & State MLAM	FL	4. FEI Numbe 65-010	9752			plied For t Applicable
Zip 33	Country USA	33155	Country	5. Certificate	of Status Desired		.75 Add Required	
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
VICKERS, RICHARD M JR 375 N. W. 123 ST. N. MIAMI, FL 33168				Albert G. BRYAN Address (P.O. Box Number is Not Acceptable) 510 S.W. 29 Street				
Cit				m/AM/		FL	Zip Code	55
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ALBERT 6. BUYAN PRES. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisions) DATE								
JIGNATORE .	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		ure required when roustaking)				
Janarone	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May B Added to Fees	e FI	Make check pa orlda Departme	~	
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^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.