


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90187 048 ****70.00

DOCUMENT # N30130	
1. Entity Name FULLTRACK CONSERVATION CLUB OF DADE COUNTY, INC.	

Principal Place of Business C/ORICHARD VICKERS JR. 375 N. W. 123 ST. N. MIAMI, FL 33168 US	Mailing Address C/ORICHARD VICKERS JR. 375 N. W. 123 ST. N. MIAMI, FL 33168 US
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2. Principal Place of Business C/O ALBERT BRYAN Suite, Apt. #, etc. 6510 SW 29 ST City & State MIAMI FL Zip 33155 Country USA	3. Mailing Address C/O ALBERT BRYAN Suite, Apt. #, etc. 6510 SW 29 ST City & State MIAMI FL Zip 33155 Country USA
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01272006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0109752	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VICKERS, RICHARD M JR 375 N. W. 123 ST. N. MIAMI, FL 33168	7. Name and Address of New Registered Agent Name ALBERT G. BRYAN Street Address (P.O. Box Number is Not Acceptable) 6510 S.W. 29 Street City MIAMI FL Zip Code 33155
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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 G. BRYAN PRES.** *Albert G. Bryan* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, ALBERT 6510 SW 29 ST MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWELL, NORM L 7000 SW 77 PL MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, UBALDO 650 E 7 AV HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOTSHALL, RICHARD 5801 MAYO ST HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VICKERS, RICHARD M JR 375 N.W. 123 ST. N. MIAMI, FL 33168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Albert G. Bryan Pres.