2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37824

FILED Feb 11, 2006 Secretary of State

Entity Name: PENSACOLA SPECKLED TROUT CLUB INC.

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

5527 SUNBURST LANE PENSACOLA, FL 32507

Current Mailing Address: New Mailing Address:

5527 SUNBURST LANE PENSACOLA, FL 32507

FEI Number: 59-2157537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FINK, WALTER 5527 SUNBURST LANE US PENSACOLA, FL 32507

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

() Delete SMITH, THOMAS E Name: Name: 1380 WINDSOR PK . RD. Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip:

Title: PRES Title: PRES (X) Change () Addition () Delete

Name: COLEMAN, YALE Name: JOHNFORE, DALE Address: 5217 ROWE TRAIL Address: 4350 IRONGATE RD City-St-Zip: PACE, FL 32571 City-St-Zip: PENSACOLA, FL 32504

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

GAINES, MICHAEL CUBE, KEN Name: Name: 2161 ORTEGA ST. Address: 5075 BENTON BLVD. Address: City-St-Zip: PACE, FL 32571 City-St-Zip: NAVARRE, FL 32566

Title: () Delete Title: SEC (X) Change () Addition

HALL, GREG Name: CHILDERS, W V Name: Address: 5760 W SHORE DR Address: 7450 WYMART RD. City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS E. SMITH **TREA** 02/11/2006