2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39684

FILED Jan 05, 2006 Secretary of State

Entity Name: GREATER MIAMI BILLFISH TOURNAMENT, INC.

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

205 E ENID DR

KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

205 E ENID DR

KEY BISCAYNE, FL 33149

FEI Number: 65-0208811 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:

VERNON, JOAN M

VERNON, JOAN M

100 ISLAND DRIVE

VERNON, JOAN M

205 E ENID DR

KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149 US

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: 01/05/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: MR (X) Change () Addition

 Name:
 GARY PAPPAS,
 Name:
 GARY PAPPAS,

 Address:
 100 SE 2ND ST.
 Address:
 100 SE 2ND ST.

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL

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

 Name:
 VERNON, JOAN M
 Name:
 VERNON, JOAN M

 Address:
 100 ISLAND DR.
 Address:
 205 E ENID DR.

 City-St-Zip:
 KEY BISCAYNE, FL
 33149

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

 Name:
 MCGINLEY, JERRY JR
 Name:
 MCGINLEY, JERRY JR

 Address:
 P.O. BOX 141668 N/A
 Address:
 P.O. BOX 141668 N/A

Address: P.O. BOX 141668 N/A

City-St-Zip: CORAL GABLES, FL 33114

City-St-Zip: CORAL GABLES, FL 33114

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf MR} \qquad {\sf (X) Change () Addition}$

 Name:
 GUTHRIE, TERRY
 Name:
 GUTHRIE, TERRY

 Address:
 14900 ARCHERHALL ST.
 Address:
 14900 ARCHERHALL ST.

 City-St-Zip:
 DAVIE, FL 33331
 City-St-Zip:
 DAVIE, FL 33331

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: JOAN M VERNON MS 01/05/2006