


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N45038 1. Entity Name SOUTHEAST POLICE MOTORCYCLE RODEO COMMITTEE, INC. |  |
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| Principal Place of Business 443 S. STATE ROAD 7 PLANTATION, FL 33317 | Mailing Address 4630 UNIVERSITY DRIVE #460 CORAL SPRINGS, FL 33067 US |
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DO NOT WRITE IN THIS SPACE

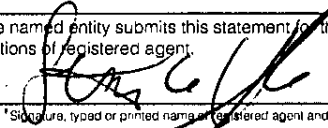


02142008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0333357 | Applied For <input type="checkbox"/> Not Applicable |
| 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 STANLEY, KUCZYNSKI 4630 UNIVERSITY DR #460 CORAL SPRINGS, FL 33067 |
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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  3-12-08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |
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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT ADKINS, ALLEN 7312 WINDER COURT LAKE WORTH, FL 33467 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT HANSTEIN, COLLEEN 2016 SW 81ST WAY DAVIE, FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KUCZYNSKI, STANLEY G 4630 UNIVERSITY DRIVE #460 CORAL SPRINGS, FL 33067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ADKINS, WAYNE 1004 SE 14 DR DEERFIELD BEACH, FL 33441 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/11/08-80073-001 70.00

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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. |
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| SIGNATURE:  | 372-08 954 346-1754 <small>Date Daytime Phone #</small> |
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