2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45440

FILED Sep 07, 2006 Secretary of State

Entity Name: SOUTH DADE BASEBALL BOOSTER CLUB, INC.

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

27635 S.W. 164 COURT 1301 S FIELDLARK LN

HOMESTEAD, FL 33031 US HOMESTEAD, FL 33035 US

Current Mailing Address: New Mailing Address:

27635 S.W. 164 COURT 1301 S FIELDLARK LN

HOMESTEAD, FL 33031 US HOMESTEAD, FL 33035 US

FEI Number: 65-0395768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GUEST, JAMES M. 15600 SW 288 ST 201

HOMESTEAD, FL 33030 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:

Electronic Signature of Registered Agent

Date
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

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

 Name:
 SHORT, CHARLES
 Name:
 PROZZILLO, KIM S

 Address:
 27635 S.W. 164 COURT
 Address:
 1301 S FIELDLARK LN

Address: 27635 S.W. 164 COURT Address: 1301 S FIELDLARK IN City-St-Zip: HOMESTEAD, FL 33031 US City-St-Zip: HOMESTEAD, FL 33035 US

Title: VP () Delete Title: VP (X) Change () Addition Name: PROZILLO, KIMBERLY Name: SUAREZ, SUZI

Address: 1301 SOUTH FIELDLARK LANE Address: 1587 NW 9 AVE
City-St-Zip: HOMESTEAD, FL 33035 US City-St-Zip: HOMESTEAD, FL 33030 US

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

 Name:
 TOIRAC, ELLIÉ
 Name:
 TOIRAC, ELLIÉ

 Address:
 20495 S.W. 326 STREET
 Address:
 20195 SW 316 ST

City-St-Zip: MIAMI, FL 33189 US City-St-Zip: HOMESTEAD, FL 33030 US

Title: T () Delete Title: () Change () Addition
Name: LITTLEJOHN. CINDY Name:

 Name:
 LITTLEJOHN, CINDY
 Name:

 Address:
 16280 S.W. 287 STREET
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33030 US
 City-St-Zip:

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: KIM PROZZILLO P 09/07/2006