


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90227 020 ****61.25

DOCUMENT # N45960 1. Entity Name DESOTO BULLDOG BOOSTERS, INC.	
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Principal Place of Business 128 WEST OAK ST ARCADIA, FL 34266 US	Mailing Address P.O. BOX 2904 ARCADIA, FL 34265 US
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0314407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALDRON, E E JR 124 N BREVARD AVENUE ARCADIA, FL 34266

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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.

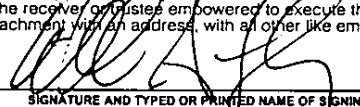
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HACKNEY, BILL 504 E OAK ST ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICA VINCENT 124 NORTH BREVARD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, JEFF 1925 SE RHODE ISLAND ST ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DAVID E 1259 NW EUCALYPTUS AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  William Hackney Jr. 4/30/8 863-494-6495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #