

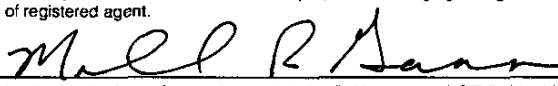
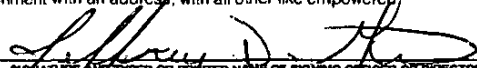


FILED
Jun 02, 2006 8:00 am
Secretary of State

JUUZU448

DOCUMENT # N93000002563 1. Entity Name DUNEDIN STIRLING SOCCER CLUB, INC.				Secretary of State 06-02-2006 90003 023 ****70.00	
Principal Place of Business 1620 VIRGINIA STREET DUNEDIN, FL 34698 US		Mailing Address 1620 VIRGINIA STREET DUNEDIN, FL 34698 US		00020428	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05102008 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-3224400 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALTER, KELLEY 1600 VIRGINIA STREET DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Gann, Mike Street Address (P.O. Box Number is Not Acceptable) 1673 Linwood City Clearwater FL 33755	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOBIN, DON 7099 SUNSET DRIVE PASADENA, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLATER, GABE 1614 LONG STREET CLEARWATER, FL 33755	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CYNTHIA, GOLDSMITH 2668 MCMULLEN BOOTH ROAD, #1327 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALTER, KELLEY 2431 TREEMONT WAY DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR WIGGS, SCOTT 1673 LINWOOD CLEARWATER, FL 33755	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GANN, MIKE 1673 LINWOOD CLEARWATER, FL 33755	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  5/26/06 727-733-5300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					