2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002951

Entity Name: MAKO SOCCER CLUB, INC.

FILED Jan 28, 2009 Secretary of State

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

1585 CASHMERE BLVD PORT ST LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

PO BOX 880260

PORT ST LUCIE, FL 34988

FEI Number: 65-0425929 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:

BUTALA, MICHELLE DIBERNARDO, PETER 1698 SW AVILA ST 6609 NW OMEGA ROAD

PORT SAINT LUCIE, FL 34953 US PORT SAINT LUCIE, FL 34983 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: PETER DIBERNARDO 01/28/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete PETER, DIBERNARDO Name: Name:

6609 NW OMEGA RD Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

Name: YOUNG, LESLIE Name: Address: 2591 SE JASON AVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

BUTALA, MICHELLE Name: Name: Address: 1698 SW AVILA ST Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip:

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

Name: Name: WALKER, RUSSELL Address: Address: 383 SW COLUMBUS DRIVE City-St-Zip: City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify 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: PETER DIBERNARDO PD 01/28/2009