2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# N94000000392

Entity Name: SOUTH FLORIDA BANDITS FOOTBALL CLUB, INC.

Current Principal Place of Business:

CARLTON E. WILLIAMS
1759 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 211503
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 65-0462229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, CARL
POST OFFICE BOX 211503
ROYAL PALM BEACH, FL 33421 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, CARLTON E
Address: 1759 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD ( ) Delete
Name: SWANSON, ROY
Address: POST OFFICE BOX 211503
City-St-Zip: ROYAL PALM BEACH, FL 33421

Title: TD ( ) Delete
Name: FOX, MIKE
Address: POST OFFICE BOX 211503
City-St-Zip: ROYAL PALM BEACH, FL 33421

Title: D ( ) Delete
Name: WILLIAMS, MAMIE
Address: 1759 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CARLTON E. WILLIAMS PD 02/02/2006

Electronic Signature of Signing Officer or Director — Date