


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90002 045 ****61.25

DOCUMENT # N94000002427 1. Entity Name DHS ATHLETIC BOOSTERS, INC.	
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Principal Place of Business 10055 SW 180 AVE RD DUNNELLON FL 34432	Mailing Address 10055 SW 180 AVE RD DUNNELLON FL 34432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE CR2E037 (4/06)

City & State	4. FEI Number 59-3330808
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICHOLS, CAROL S 2981 W. DUNNELLON ROAD DUNNELLON FL 34433	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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

**FILE NOW: 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
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete MARKHAM, ROBERT STREET ADDRESS: 643 S.W. 15TH STREET CITY-ST-ZIP: OCALA FL 34474
TITLE	STD <input type="checkbox"/> Delete NICHOLS, CAROL S STREET ADDRESS: 2981 W. DUNNELLON CITY-ST-ZIP: DUNNELLON FL 34433
TITLE	D <input checked="" type="checkbox"/> Delete LOVE, JR, EDWARD J. STREET ADDRESS: 11620 CAMP DRIVE CITY-ST-ZIP: DUNNELLON FL 34432
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAUCERI, ARTHUR M. STREET ADDRESS: 21245 PALATKA DR. CITY-ST-ZIP: DUNNELLON FL 34431
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DODGE, CAROLYN- STREET ADDRESS: 9935 SW 206 CIRCLE CITY-ST-ZIP: DUNNELLON FL 34431
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

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: Carol S. Nichols **CAROL S. Nichols** *Treas.* 8/29/06 352-489-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #