



**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000003236</b>			
1. Entity Name <b>RISING STARS EDUCATION &amp; SPORTS FOUNDATION, INC.</b>			
Principal Place of Business <b>3062 PRESTIGE DR CLEARWATER, FL 33759-1611 US</b>		Mailing Address <b>3062 PRESTIGE DR CLEARWATER, FL 33759-1611 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02082006 No Chg-NP CR2E037 (11/05)	
		4. FBI Number <b>59-3254371</b>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WALDRON, PAMELA 3062 PRESTIGE DR CLEARWATER, FL 33759</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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: <u><i>Pamela C. Waldron</i></u> <u><i>Pamela Waldron</i></u> <u><i>3.8.06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		100307046048 03/22/06-80060-003 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
CD WALDRON, PETER E 3062 PRESTIGE DR CLEARWATER, FL 337591611			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
VPD TURNER, RICHARD A 1817 E AIRE LIBRE AVENUE PHOENIX, AZ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
STD WING, PHILIP 10032 HORSESHOE CLOSE BELVIDERE, IL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D JONES, ROY 1770 E MARKET ST #102 YORK, PA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: <u><i>Pamela Waldron</i></u> <u><i>Pamela Waldron</i></u> <u><i>3.8.06</i></u> <u><i>737-1408</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			