2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N94000004913

Entity Name: ALTERNATIVE MOTORCYCLE CLUB INC.

Current Principal Place of Business:

2206 LEE STREET
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2206 LEE STREET
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARCONI, SONNY
2206 LEE STREET
HOLLYWOOD, FL 33020 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: D ( ) Delete
Name: MAPCONI, SONNY
Address: 2206 LEE STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: PD ( ) Delete
Name: BREEDEN, DEACON
Address: 2140 RAND MORGAN ROAD
City-St-Zip: CORPUS CHRISTI, TX 8410

Title: VD ( ) Delete
Name: MINTZER, SCOTT
Address: 460 PECK HOLLOW ROAD
City-St-Zip: SOMMERVILLE, AL 35670

Title: SD ( ) Delete
Name: WARNEKE, CLAUDE
Address: 317 FRAZIER DRIVE
City-St-Zip: PITTSBURGH, PA 15235

Title: TD ( ) Delete
Name: CANNON, ROBERT S
Address: 330 ROSS DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: WARNEKE, CLAUDE
Address: 317 FRAZIER DRIVE
City-St-Zip: PITTSBURGH, PA 15235

Title: SD (X) Change ( ) Addition
Name: CANNON, ROBERT S
Address: 330 ROSS DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

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

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: ROBERT S CANNON STD 05/02/2007
Electronic Signature of Signing Officer or Director — Date