


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 SEP -7 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000908	
1. Entity Name PORT ST. LUCIE HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.	

Principal Place of Business 1602 SE TRUMPET LANE PORT ST. LUCIE, FL 34983	Mailing Address 1602 SE TRUMPET LANE PORT ST. LUCIE, FL 34983
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2. Principal Place of Business 1201 SE Jaguar Lane Suite, Apt. #, etc.	3. Mailing Address 2002 SE Doverbrook St Suite, Apt. #, etc.
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City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34952	Zip 34983
Country SAINT LUCIE	Country SAINT LUCIE

6. Name and Address of Current Registered Agent FARRELL, RICKEY L ESQ. 1595 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OWEN, CATHERINE 1602 SE TRUMPET LANE PORT ST. LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AJLEN Karsen 5206 Seagrape DR. FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SAITTA, WALTER 551 SE EVERGREEN TERR. PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LISA Cummins 2102 SE EIMHURST RD. PORT ST. LUCIE, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LE BON, CATHY 2002 SE DOVERBROOK ST. PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900079730369 09/12/06--01063--005 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS, MADELINE 631 PRESTON LANE PORT ST. LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RHONDA Campbell 2481 SE Calusa Ave PORT ST. LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cathy LeBon CATHY LeBon 9/1/06 772-344-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/7/06