2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001956

FILED Mar 24, 2009 Secretary of State

| Entity Nan | ne: CORALS | PRINGS RENEGADES SOCCER | R CLUB, INC. | • | |
|---|--|-------------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | AMPLE ROAD RINGS, FL 3 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | AMPLE ROAD RINGS, FL 3 | | | | |
| FEI Number: | 65-0624541 | FEI Number Applied For() | FEI Number Not Applicable() | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address | ame and Address of New Registered Agent: | |
| PURCELL, 4370 NW 1 CORAL SP | | 3065 US | | | |
| The above in the State | named entity : of Florida. | submits this statement for the purp | pose of changing its register | ed office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electror | ic Signature of Registered Agent | | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | VP () PURCELL. WIL 4370 NW 101 I CORAL SPRIN | DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T () REARER, JOHI 621 NW 102 AV CORAL SPRIN | /E. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zin: | P () RIPPLE, WILLI 2560 NW 115 I | DR. | Title: Name: Address: CitysSt-Zin: | () Change () Addition | |

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: JOHN REARER T 03/24/2009