2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# N95000002192

Entity Name: FRIENDS OF SKATING, T.S.I., INC.

Current Principal Place of Business:

5309 29TH ST EAST
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

4213 CHARING CROSS RD
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number: 65-0580211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAIGE, CARRIE
4213 CHARING CROSS RD
SARASOTA, FL 34241 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: PD ( ) Delete
Name: PAIGE, CARRIE
Address: 4213 CHARING CROSS RD
City-St-Zip: SARASOTA, FL 34241

Title: VD ( ) Delete
Name: SPINALE, LINDA
Address: 8773 MIDNIGHT PASS RD #5036
City-St-Zip: SARASOTA, FL 34242

Title: SD ( ) Delete
Name: RIENKS, BEVERLY
Address: 1921 NEPTUNE DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD ( ) Delete
Name: BAUR, MARIANN
Address: 910 S DORAL LN
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SPINALE, LINDA
Address: 6819 ROXBURY DRIVE
City-St-Zip: SARASOTA, FL 34231

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARRIE PAIGE PD 01/17/2007

Electronic Signature of Signing Officer or Director — Date