2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ST. PETE MAD DOGS TRIATHLON CLUB, INC.

Current Principal Place of Business:

2669 RENATTA DRIVE
BELLEAIR BLUFFS, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 635
ST PETERSBURG, FL 337310635 US

New Mailing Address:

FEI Number: 59-3326485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, TIMOTHY B
2669 RENATTA DRIVE
BELLEAIR BLUFFS, FL 33770 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: P
Name: HUDSON, TIM B
Address: 2669 RENATTA DRIVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

Title: VP
Name: KIPER, CAROLYN
Address: 1530 15TH ST. N.
City-St-Zip: ST. PETERBURG, FL 33704 US

Title: T
Name: MORGAN, RUE
Address: 727 37TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: S
Name: NELSON, KEITH
Address: 11220 SIXTH STREET EAST
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: D
Name: BUSHOVEN, MICHELLE
Address: 2872 59TH WAY N.
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D
Name: COATES, BARRIE
Address: 9839 119TH WAY N.
City-St-Zip: SEMINOLE, FL 33772 US

I hereby 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 all other like empowered.

SIGNATURE: TIM B. HUDSON P 01/06/2010

Electronic Signature of Signing Officer or Director — Date