
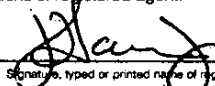



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 046 ****61.25

DOCUMENT # N95000003903 1. Entity Name ROYALE REGIMENT BAND BOOSTERS, INC.					
Principal Place of Business 200 EAST KELLY ST. BROOKSVILLE, FL 34601			Mailing Address P.O. BOX 10554 BROOKSVILLE, FL 34603-0554		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3324036	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAMATO, THOMAS 700 BELL AVE. BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Joe Harrin Street Address (P.O. Box Number is Not Acceptable) 700 Bell Ave. City Brooksville FL Zip Code 34601	
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  Joseph Harrin, Jr. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAY, CHRIS 1369 CANDLELIGHT BLVD. BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Burda, Theresa 24073 Epplery Dr. Brooksville, FL 34601	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HANDZUS, LAURIE 927 VILLAGE DRIVE BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Burnett, Melissa 202 E. Liberty Brooksville, FL 34601	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARDA, THERESA 24073 EPPLERY DRIVE BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Mieko Creamer Brooksville, FL 34601	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MORRILL, LYNN 506 COLONIAL DR BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Gordon, Renee 21414 Beasley Rd. Brooksville, FL 34601	
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:  **Lynn Morrill**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

799-2628
Daytime Phone #