## 2007 NOT-FOR-PROFIT CORPORATION

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DOCUMENT # N9700002431  1. Entity Name					Control of the Contro				
WORLD WAKEBOARD ASSOCIATION, INC.					07 JUL 25 27 1:05				
116 NESLON ST P.O.		Mailing Address P.O. BOX 999 WINTER HAVEN, FL 33882-0999 US			07 JUL 23	-j.cr	E IDA		
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2. Principal Place of Business - No P.O. Box # 223 West Hairs Blud		3. Mailing Address							
Suite, Apt. #, etc.		te, Apt. #, etc.			05012007	REIN-NP	CR2E099	9 (1/07)	
City & State Lake Alfred, F	<u></u>	y & State			4. FEI Numbe 59-344				plied For Applicable
Zip 338 <b>50</b> Count	try Zip		Country		5. Certificate	of Status Desired		<b>8.75</b> Addi e Required	
6. Name and Addr	ress of Current Registere	d Agent			7. Name and	Address of New	Registered Ag	ent	
Name Sho					man Str	arlina			
EMMONS, JIM 460 N ORLANDO AVE #200 WINTER PARK EL 32780			Street Address (P.O. Box Number is Not Acceptable)						
			16 Nels	ion 5+	_				
8. The above named entity submits	this statement for the purpo	ose of changing its r	City	Hubur	ndale	h in the State of F	FL Iorida Lam fan	338Z	3
the obligations of registered agen		ose of changing its in	cgistered on	ico or register	ed agent, or bot	n, withe State Of t	ionda. Tamilai	illiai wiki, a	and accept
SIGNATURE VILLE						-	- 1 2 -		
SIGNATURE Signature, typed or brinted name	me of registered agent and title if appl	licable. (NOTE:	: Registered Agen	nt signature requir	ed when reinstating)		DATE		
	1	In accordance corporation of	ce with s. 60	07.193(2)(b)	F.S., the			•	
Signature, upper or printed nen	1	In accordance	ce with s. 60	07.193(2)(b), ive the prior	F.S., the notice.		Make check porida Departm	ent of Sta	ate
Signature, upper or printed nen	\$ \$122.50	In accordance	ce with s. 60 did not rece	07.193(2)(b), ive the prior	F.S., the notice.	Fio	DATE  Wake check porida Department	ent of Sta	ate
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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 trustege 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.

GNATURE:

| Signature And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Dayline Phone •

SIGNATURE: \_