2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000004830

Entity Name: A.G.A. BOOSTERS, INC.

RI FILED Nov 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1013 SE HOLBROOK CT PORT ST LUCIE, FL 34952 US

Current Mailing Address: New Mailing Address:

1013 SE HOLBROOK CT PORT ST LUCIE, FL 34952 US

FEI Number: 65-0786969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORAN, CHARLOTTE

2811 S.E. EAGLE DRIVE

PORT ST. LUCIE, FL 34984 US

WRIGHT, LENETTE

1013 SE HOLBROOK COURT

PORT ST. LUCIE, FL 34953 US

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: LENETTE WRIGHT 11/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 DORAN, CHARLOTTE
 Name:
 WRIGHT, LENETTE

 Address:
 281 S.E. EAGLE DRIVE
 Address:
 1013 SE HOLBROOK COURT

Address: 281 S.E. EAGLE DRIVE Address: 1013 SE HOLBROOK COORT

City-St-Zip: PORT ST. LUCIE, FL 34984 US City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 LOPRESTI, SONJA
 Name:
 RHODES, LISA

 Address:
 207 S.W. MARATHON AVENUR
 Address:
 1013 SE HOLBROOK COURT

 City-St-Zip:
 PORT ST LUCIE, FL 34953 US
 City-St-Zip:
 PORT ST LUCIE, FL 34953 US

Title: SD () Delete Title: SD (X) Change () Addition

Name: RHODES, LISA Name: SULLIVAN, LISA

Address: 2499 S.E. TRACY AVENUE Address: 1013 SE HOLBROOK COURT City-St-Zip: PORT ST LUCIE, FL 34984 US City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: TD () Delete Title: TD (X) Change () Addition
Name: WRIGHT, LYNNETTE Name: BLIZZARD, SHARI

Address: 1813 S.W. LOGAN STREET Address: 1013 SE HOLBROOK COURT

City-St-Zip: PORT ST LUCIE, FL 34953 US City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: C (X) Delete Title: () Change () Addition

 Name:
 BLIZZARD, SHARI
 Name:

 Address:
 362 S.W. NABBLE AVENUE
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34953 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LENETTE WRIGHT PD 11/14/2005

Electronic Signature of Signing Officer or Director

Date