2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N97000004830

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

Current Principal Place of Business:

1013 SE HOLBROOK CT
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1013 SE HOLBROOK CT
PORT ST LUCIE, FL 34952 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

PARKER, MERRILL
1013 SE HOLBROOK COURT
PORT ST. LUCIE, FL 34953 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: PARKER, MERRILL
Address: 1013 SE HOLBROOK COURT
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VD ( ) Delete
Name: VEITH, MARIA
Address: 1013 SE HOLBROOK COURT
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: SD ( ) Delete
Name: SULLIVAN, LISA
Address: 1013 SE HOLBROOK COURT
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: TD ( ) Delete
Name: BLIZZARD, SHARI
Address: 1013 SE HOLBROOK COURT
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MERRILL PARKER PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date