2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

1. Entity Nam THE SOL	MENT # N9700007 OTHEASTERN COMPETITINATION, INC.					04-26-2006	90202 0	13 ****61	1.25	
Principal Plac 105 MOLLOY STE 300 NASHVILLE,	Y ST	Mailing Address C/O SHAFFER 116 ABBOTTSFORD NASHVILLE, TN 37215					ess = 2011			
4/0	Place of Business FRANIC HOFFMANN	3. Mailing Address CO FRANK Suite, Apt. #, etc.	HOFFINA	NN		<u> </u>	 	1011 01130 1711 7 0		
Suite, Apt. 20/9 City & Stat	Herrican CT.	Jolg Henrue City & State	оом Ст	-	04192006 4. FEI Number	Chg-NP	CR2E0	37 (11/05)	oplied For	
MATI	HEWS NC	MATTHEWS	NC		65-0807	618			ot Applicable	
Zip Z-S	Country USA	28104	Country U.S.	4	5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
-	6. Name and Address of Current	Registered Agent	Name	•	7. Name and A	Address of New I	Registered	Agent		
MCDONNELL, MARTIN P ESQ				Street Address (P.O. Box Number is Not Acceptable)						
	SE, ECENIA, PURNELL, & HOF 'H MONROE ST	-FMAN, PA	Street At	doress (F.	O. BOX NUMBER	15 NOT ACCOPTABL				
TALLAHAS	SSEE, FL 32301		- 2:					1 7: 0		
			City				<u>Fl</u>			
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or	registered	d agent, or both	, in the State of F	lorida. Lam	familiar with,	and accept	
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signatu	ure required w	hen reinstating)		DATE			
SIGNATURE								k navable t		
SIGNATURE		and title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	aign Financing		55.00 May Be		Make chec	k payable t		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Cor RECTORS	aign Financing ntribution.	A	55.00 May Be added to Fees		Make chec rida Depa	rtment of S	tate	
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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: 👱

hand Hofman