

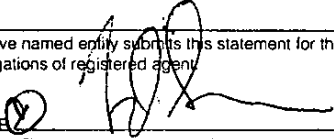
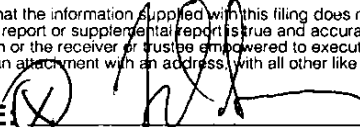


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90157 016 ****61.25

DOCUMENT # N98000001943 1. Entity Name CENTRAL FLORIDA TRIATHLETES, INC.					
Principal Place of Business 838 DESOTO ST CLERMONT, FL 34711			Mailing Address P.O. BOX 121236 CLERMONT, FL 34712-1236		
2. Principal Place of Business 244 MOHAWK RD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282006 Chg-NP CR2E037 (4/06)	
City & State CLERMONT, FL		City & State		4. FEI Number 59-3517894	
Zip 34715		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOMMER, FRED 838 DESOTO ST CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 244 MOHAWK ROAD City CLERMONT FL Zip Code 34715	
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  4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 SOMMER, FRED 838 DESOTO ST CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	244 MOHAWK ROAD CLERMONT, FL 34715
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 				4/28/06 352 394-1300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	