2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N98000002249

Entity Name: PORT ST. LUCIE YOUNG AMERICAN BOWLING ALLIANCE, INC.

Current Principal Place of Business:

1909 SE SANDIA DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1909 SE SANDIA DRIVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0832661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODRICH, MARK
1909 SE SANDIA DRIVE
PORT ST. LUCIE, FL 34983 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: T ( ) Delete
Name: LEDBETTER, SHERRY
Address: 1402 OAKMONT LN
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S ( ) Delete
Name: LEDBETTER, SHERRY
Address: 1402 OAKMONT LN
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: P ( ) Delete
Name: GOODRICH, MARK
Address: 1909 SE SANDIA DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: V ( ) Delete
Name: MASCARA, SUSAN
Address: 1105 FLEETWOOD LN
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: ANDRUS, MIRIAM
Address: P.O. BOX 9063
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: D ( ) Delete
Name: BANINEAU, TAMMY
Address: 3242 VERON ST
City-St-Zip: FORT PIERCE, FL 34982

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:

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 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: SHERRY LEDBETTER SEC 04/30/2006

Electronic Signature of Signing Officer or Director — Date