2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000002355

FILED Sep 15, 2006 Secretary of State

Entity Name: WELLINGTON LADIES' LACROSSE BOOSTERS, INC.

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

P.O. BOX 894

LOXAHATCHEE, FL 33470 US

Current Mailing Address: New Mailing Address:

P.O. BOX 894

LOXAHATCHEE, FL 33470 US

FEI Number: 65-0923084 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:

BRINT, VICKIE 15360 DEHAVILLAND CT. WELLINGTON, FL 33414 US

OFFICERS AND DIRECTORS:

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:

Date

Name:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BRINT, VICKIE

(X) Change () Addition

(X) Change () Addition

() Delete BRINT, VICKIE Name:

P.O. BOX 894 Address: Address:

15360 DEHAVILLAND COURT City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: WELLINGTON, FL 33414

Title: Title: () Delete POZA, MIKE Name: POZA, MIKE Name:

Address: P.O. BOX 894 Address: 13639 COLUMBINE AVENUE City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: WELLINGTON, FL 33414

Title: VPD () Delete Title: **VPD** (X) Change () Addition

BLOUIN, DAVE BLOUIN, DAVE Name: Name:

Address: P.O. BOX 894 Address: 11630 LAUREL VALLEY CIRCLE City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: WELLINGTON, FL 33414

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

CANONICA, FRANK Name: Name: ROBB, RALPH 12474 SUNNY WAY COURT Address: P.O. BOX 894 Address:

City-St-Zip: LOXAHATCHEE, FL 33740 City-St-Zip: WELLINGTON, FL 33414

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

VASSALLO, MARYANN KURTZ, JEFFREY Name: Name: P.O. BOX 894 15960 PINE STRAND CT. Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: WELLINGTON, FL 33414

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

SIEGEL. SHUKO SIEGEL. SHUKO Name: Name:

Address: P.O. BOX 894 Address: 189 WARM SPRINGS TERRACE LOXAHATCHEE, FL 33470 WELLINGTON, FL 33414 City-St-Zip: 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: VICKIE Y. BRINT PD 09/15/2006