2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003672

FILED Jul 29, 2006 Secretary of State

Entity Name: PALM HARBOR UNIVERSITY HIGH SCHOOL SWIM BOOSTERS, INC.

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

1900 OMAHA ST.

PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

1900 OMAHA ST.

PALM HARBOR, FL 34683

FEI Number: 59-3598562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COWLEY, SANDY OLSON, TERESA A 610 VILLAGE WAY 506 OCEANVIEW AVE.

PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 US

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: TERESA OLSON 07/29/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CUMMING, ANNE-MARIE
 Name:
 RUSSO, LISA

 Address:
 2687 FIRESTONE
 Address:
 1602 BAYSHORE BLVD.

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 DUNEDIN, FL 34698

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

 Name:
 OLSON, TERESA
 Name:
 OLSON, TERESA A

 Address:
 2605 WILDWOOD LANE
 Address:
 506 OCEANVIEW AVE.

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 PALM HARBOR, FL 34683

 Name:
 COWLEY, SANDY
 Name:
 ROBERTSON, JANET

 Address:
 610 VILLAGE WAY
 Address:
 3024 GEIGER COURT

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 CLEARWATER, FL 33761

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: TERESA OLSON T 07/29/2006