2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# P02000066031

Entity Name: SOUTHERN INDEPENDENT CONFERENCE OFFICIALS ALLIANCE, INC.

Current Principal Place of Business:

PO BOX 47651
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 47651
TAMPA, FL 33647

New Mailing Address:

FEI Number: 73-1625141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WALTERS, JOHN
11716 NORTH 58TH STREET
TAMPA, FL 33617 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: JOHN WALTERS 09/05/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LUGO, CHARLES
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete
Name: WOOLDRIDGE, DAVID
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete
Name: FULMER, ROBERT
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: T ( ) Delete
Name: DAIGLE, SCOTT
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: WALTERS, JOHN
Address: 11716 NORTH 58 STREET
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: MERRIN, JEFF
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WALTERS D 09/05/2006
Electronic Signature of Signing Officer or Director Date