

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000063209

Entity Name: KISSIMMEE VOLLEYBALL ASSOC., INC.

FILED
Jan 24, 2006
Secretary of State

Current Principal Place of Business:

120 BROADWAY AVE.
SUITE 202
KISSIMMEE, FL 34741

New Principal Place of Business:

929 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

Current Mailing Address:

120 BROADWAY AVE.
SUITE 202
KISSIMMEE, FL 34741

New Mailing Address:

929 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

FEI Number: 86-1068523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIZARRO, CARLOS
120 BROADWAY AVE.
SUITE 202
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

PIZARRO, CARLOS PD
929 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765 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: CARLOS PIZARRO

01/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIZARRO, CARLOS
Address: 919 NORTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: GRAU, GILDA
Address: 919 NORTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: GRAU, IVAN
Address: 919 NORTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PIZARRO, CARLOS
Address: 929 NORTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: STD (X) Change () Addition
Name: GRAU, GILDA
Address: 929 NORTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Change () Addition
Name: GRAU, IVAN
Address: 929 NORTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

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: CARLOS PIZARRO

PD

01/24/2006

Electronic Signature of Signing Officer or Director

Date