

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001877

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: SPORTEXE CONSTRUCTION SERVICES, INC.

## Current Principal Place of Business:

237 BOLING INDUSTRIAL WAY  
CALHOUN, GA 30701

## New Principal Place of Business:

197 BOLING INDUSTRIAL WAY  
CALHOUN, GA 30701

## Current Mailing Address:

1809 MERRETTVILLE HWY  
FONTHILL ONTARIO  
CANADA L0-51E6, XX

## New Mailing Address:

1809 MERRITTVILLE HWY  
FONTHILL, ON CANADA

FEI Number: 58-2662478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: NICHOLLS, MARK H  
Address: 19 MADISON CT E  
City-St-Zip: WELLAND, ONTARIO, CA L36 7G3

Title: P ( ) Delete  
Name: SIMPSON, JOSEPH JR  
Address: 3038 PINEHURST DR  
City-St-Zip: LAKE WORTH, FL 334671414

Title: ST ( ) Delete  
Name: BUERGER, RALPH D  
Address: 32 DEERPARK CRES  
City-St-Zip: FONTHILL, ONTARIO, L0S1E0

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: NICHOLLS, MARK H  
Address: 19 MADISON CT E  
City-St-Zip: WELLAND, ONTARIO, CA 00000

Title: P (X) Change ( ) Addition  
Name: NICHOLLS, MARK H  
Address: 19 MADISON CT E  
City-St-Zip: WELLAND, ONTARIO, CA 00000

Title: ST (X) Change ( ) Addition  
Name: BUERGER, RALPH D  
Address: 32 DEERPARK CRES  
City-St-Zip: FONTHILL, ONTARIO, CA 00000

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RALPH BUERGER

ST

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date