2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 27, 2005 8:00 am Secretary of State

	1. Entity Nam	MENT # K84877 SORTS, INC.					07-27-200)5 9004	6 029 ***150	0.00
	Principal Place %DAVID H. C 111 W. FORT TAMPA, FL S	CALLEN Fune-street	Mailing Address %DAVID H. CALLEN 1-1-W. FORTUNE STREE TAMPA, FL 33602	⊺		4 INTINGO NA	 		500 57 88	39
		Place of Business N. Himes Ave 242	3. Mailing Address Him	es Ave *2	242					
	Suite, Apt.	IPA FL	Suite, Apt. #, etc.	FL		7252005	Chg-P	CR	2E034 (10/03)	
l	City & State		City & State		4.	FEI Numbe 59-296				oplied For ot Applicable
l	^{Zip} 336	14 County SA	33614	CUSA			of Status Desire		\$8.75 Add Fee Require	
ļ		6. Name and Address of Current F	legistered Agent	Na	7.	Name and	Address of Nev	w Register	red Agent	
	CALLEN, E	DAVID H. PRTUNE STREE T		Name Street_Ar		LEN Box Number			0/ - /	
	TAMPA, F				82.50	N: H	er is Not Accept	FVE	Ste 24	<u> </u>
I				City .	TAN	7PA			FL Zip Cod	14
ŀ	8. The above the obligation	named entity submits this statement for tions of registered agent.	the purpose of changing its re				h, in the State of	Florida. I		
Į	SIGNATURE_	Law H Ce	ell					7-8	25-05	-
ļ		Signature, typed or printed name of registored agent ar	nd title if applicable. (NOTE	Registered Agent signalu	re required when	rainstating)		ĐA	NTE	
	FII	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	nd pice of applicable. (NOTE 9. Election Campaig Trust Fund Contrib	n Financing	#6 required when \$5.00 Added to	May Be	In accordance corporation of	e with s.	607.193(2)(b), ceive the prior r	F.S., the
	FII	LE NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contril	n Financing	\$5.00 Added to	May Be Fees	corporation o	e with s. did not red	607.193(2)(b),	F.S., the
	FLI De	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005 OFFICERS AND D PD CALLEN, DAVID H.	9. Election Campaig Trust Fund Contril	in Financing bution. 11. TITLE NAME	\$5.00 Added to	May Be Fees	corporation of CHANGES TO C	ce with s. did not rec	607.193(2)(b), ceive the prior i	F.S., the
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other likeyampowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 813-220.8586