


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007841 1. Entity Name TAMPA YOUTH SPORTS TRAINING, INC.	
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Principal Place of Business 803 TURTLE RIVER CT PLANT CITY FL 33567	Mailing Address 803 TURTLE RIVER CT PLANT CITY FL 33567
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent PARRINO, ANTHONY J 9887 FOURTH STREET NORTHH STE 200 ST PETERSBURG FL 33702	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SOLOMON, FREDDIE 803 TURTLE RIVER COURT PLANT CITY FL 33567	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000087849 03/15/04-80026-021 61.25
TITLE	D PARRINO, ANTHONY J 9887 FOURTH STREET NORTHH STE 200 ST PETERSBURG FL 33702	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SAAVEDRA, HENRY 4201 NORTH DALE MABRY HWY TAMPA FL 33607	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 617, 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 like empowered.

SIGNATURE: *Freddie Solomon* 03/09/2004 (8B) 737-2857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #