2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21228

FILED Apr 29, 2005 Secretary of State

Entity Name: BOWLING TOURNAMENTS OF THE AMERICAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

17601 NW 2ND AVE 1391 NW 136 AVENUE MIAMI, FL 33169 SUNRISE, FL 33323 US

Current Mailing Address: New Mailing Address:

17601 NW 2ND AVE 6919 WEST BROWARD BOULEVARD MIAMI, FL 33169

PLANTATION, FL 33317

FEI Number: 65-0008563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATSON, PAULETTE 844 NW 81 WAY

PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LITMAN, JULES GOLDBERG, SHELLY Name: Name:

17011 NE 19TH AVE Address: 1905 N. 55 AVENUE Address: City-St-Zip: N MIAMI BEACH, FL 33162 City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MS Title: MS (X) Change () Addition () Delete

WATSON, PAULETTE Name: WATSON, PAULETTE Name: Address: 844 NW 81 WAY Address: 844 NW 81 WAY

City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PLANTATION, FL 33324 US

Title: () Delete Title: (X) Change () Addition KRAWITZ, TED, KRAWITZ, TED, Name: Name:

22258 DRAWBRIDGE DRIVE 22258 DRAWBRIDGE DRIVE Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748 US

(X) Change () Addition Title: () Delete Title: Name: ROMANIK, THOMAS Name: BALTER, MARK

17601 NW 2ND AVE 8501 N. UNIVERSITY DR. Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: TAMARAC, FL 33321 US

Title: () Delete Title: (X) Change () Addition

ROMANIK, MICHAEL ROMANIK, MICHAEL Name: Name: 17601 NW 2ND AVE 17601 NW 2ND AVE Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 US

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

SIGNATURE: PAULETTE WATSON MS 04/29/2005