2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004674

Entity Name: ALL SPORTS ASSOCIATION, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4 ELEVENTH AVE SUITE 2 SHALIMAR, FL 32579

Current Mailing Address: New Mailing Address:

P.O. BOX 2591 SUITE 301J

FT WALTON BEACH, FL 32549 US

FEI Number: 59-3224296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CAMPBELL, JAMES C C 4 ELEVETH AVE SUITE 2 SHALIMAR, FL 32579 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:

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

 Name:
 SMITH, GENE
 Name:
 COUPE, MIKE

 Address:
 1350
 Address:
 321 BREAM SUITE AVE UNIT 304

 City-St-Zip:
 DEFUNIAK SPRINGS, FL 32433
 City-St-Zip:
 FT. WALTON BEACH, FL 32548

Title: SEC Title: **TRES** (X) Change () Addition () Delete THOMAS, WILLIAM Name: THOMAS, WILLIAM Name: Address: 518 JUNIPER AVE Address: 518 JUNIPER AVE City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: 2VP () Delete Title: 1VP (X) Change () Addition Name: MCEACHERN, ROBERT Name: MCEACHERN, ROBERT Address: 816 MAGNOLIA SHORES DRIVE 816 MAGNOLIA SHORES DRIVE

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: 1VP () Delete Title: 2VP (X) Change () Addition

 Name:
 COUPE, MIKE
 Name:
 BOSWELL, STEVEN C

 Address:
 321 BREAM AVE UNIT 304
 Address:
 331 ANTIQUA WAY

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:
 NICEVILLE, FL 32578

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

 Name:
 BOSWELL, STEVEN C
 Name:

 Address:
 331 ANTIQUA WAY
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

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

 Name:
 BRIGANTE, GIRO
 Name:

 Address:
 219 CARMEL DR
 Address:

 City-St-Zip:
 FORT WALTON BFEACH, FL 32547
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN C. BOSWELL 2VP 04/30/2008