

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

03-15-2006 90110 016 ***150.00

DOCUMENT # P03000085402 1. Entity Name ALL STAR GAMES, INC.			
Principal Place of Business 5666 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884		Mailing Address 571 GRAND CAYMAN CIR LAKELAND, FL 33803	
2. Principal Place of Business 223 THIRD ST SW Suite, Apt. #, etc.		3. Mailing Address 2515 1ST ST Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State LAKELAND, FL	
Zip 33880		Country FLORIDA	
4. FEI Number 27-0063494		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINCENT, BRYAN G 570 GRAND CAYMAN CIR LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 571 GRAND CAYMAN CIR City FL Zip Code	
8. 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 re-issuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT VINCENT, BRYAN G 571 GRAND CAYMAN CIR LAKELAND, FL 33803	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ADAMS, LINDA E 571 GRAND CAYMAN CIR LAKELAND, FL 33803	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date: 3/29/2006	