

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163424

Entity Name: SPONSORAMERICA, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1910 PARK MEADOWS
STE A
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

1910 PARK MEADOWS
STE A
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 20-1934372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGIZI, ROBERT L PRES
1103 LA PALOMA BLVD
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

EGIZI, ROBERT L PRES
6331 ALCORN ST
BOKEELIA, FL 33922 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EGIZI, ROBERT L
Address: 1103 LA PALOMA BLVD
City-St-Zip: NORTH FORT MYERS, F 33903 US

Title: TREA () Delete
Name: EGIZI, LEWIS A
Address: 737 VIA DEL SOL
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: S () Delete
Name: GREER, SUSAN M
Address: 1719 N.3 13TH ST
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EGIZI, ROBERT L
Address: 6331 ALCORN ST
City-St-Zip: BOKEELIA, FL 33922 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: GREER, SUSAN M
Address: 737 VIA DEL SOL
City-St-Zip: NORTH FORT MYERS, FL 33903

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

SIGNATURE: SUSAN M GREER

SEC

04/28/2009

Electronic Signature of Signing Officer or Director

Date