


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000051456 1. Entity Name TOP CONTENDERS GYMNASTICS ACADEMY, INC.	
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Principal Place of Business 16621 U.S. HWY 19 NORTH HUDSON, FL 34667 US	Mailing Address 16621 U.S. HWY 19 NORTH HUDSON, FL 34667 US
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3197107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRAZZULLO, ELIZABETH 16621 US HWY 19 N HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)
Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000945072 05/29/08-80122-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAZZULLO, ELIZABETH A 16621 U.S. HWY 19 NORTH HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WINGATE, AMANDA 16621 U.S. HWY 19 NORTH HUDSON, FL 34667
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Elizabeth A Strazzullo Elizabeth A Strazzullo 4/29/08 202 508 7973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #