2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 25, 2007 08:00 All Secretary of State DOCUMENT # 580952 1. Entity Namo ENDURANCE SPORTS, INC. Principal Place of Business Mailing Address 1382 SW 160TH AVE. WESTON FL 33326 1382 SW 160TH AVE. WESTON FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State Applied For City & Stato 4. FEI Number 59-1854379 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANSPEAKER, CLYDE W. Street Address (P.O. Box Number is Not Acceptable) 801 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition Delete THE DILI. WILHELM, KEITH NAME NAME 600 N.W. 22ND CT STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CHY-SI-7IP CITY-ST-ZIF VPS Change ■ Addition TITLE ☐ Detele THE WILHELM, SALLY NAME NAME 600 N.W. 22ND CT. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE Delele TITLE NAME STREET ADDRESS STREEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TIFLE NAME NAME U000000731454 STREET ADDRESS STREET ADDRESS <u>05/09/07-80005-024 150.00</u> CITY-ST-ZIP CHY-S1-7tP ☐ Change ___ Addilion THE ☐ Delete HIII. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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 pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #