


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90006 008 ****61.25

DOCUMENT # 755436 1. Entity Name BLACK WATCH SOCCER CLUB, INC.	
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Principal Place of Business 1302 N. 34 ST. TAMPA, FL 33605 US	Mailing Address P.O. BOX 82143 TAMPA, FL 33682
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44050843



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06292004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent ROBINSON, CHARLES 1302 N. 34 ST. TAMPA, FL 33605	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 Charles Robinson DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PD COBB, CHRIS <input checked="" type="checkbox"/> Delete 3204 HOSDT ROAD TAMPA, FL 33618</p> <p>VD BRENNAN, BOB <input checked="" type="checkbox"/> Delete 17508 TALLY HO COURT ODessa, FL 33656</p> <p>VD NOBLE, BRUCE <input checked="" type="checkbox"/> Delete 8750 ASHCROFT DRIVE TAMPA, FL 33647</p> <p>ST ROBINSON, CHARLES <input type="checkbox"/> Delete 1001 86 AVE. N. ST. PETE, FL 33702</p> <p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIKE GAINSBURG 4732 DUNNIE DR TAMPA, FL 33614</p> <p>Vice President Fundraising <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TOM SCALLON 11102 CARROLLWOOD DR. TAMPA FL 33618</p> <p>Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Edwin Huentas 2512 Regal Oaks Ln LOU2 FL 33559</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Charles B. Robinson **CHARLES B. ROBINSON** 7-12-04 813-245-4055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #