

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 019 ***150.00

DOCUMENT # F01000001877 1. Entity Name SPORTEXE CONSTRUCTION SERVICES, INC.	
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Principal Place of Business 237 BOLING INDUSTRIAL WAY CALHOUN, GA 30701	Mailing Address 1809 MARRETTVILLE HWY FONTHILL, ONTARIO LOS 1EG
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DO NOT WRITE IN THIS SPACE

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2662478 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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) DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NICHOLLS, MARK H 19 MADISON CT E WELLAND, ONTARIO, CA 136 7g3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, JOSEPH JR 3038 PINEHURST DR LAKE WORTH, FL 334671414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUERGER, RALPH D 32 DEER PARK CRBS. FONTHILL, ONTARIO LOSIEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: RALPH BUERGER FEB. 26/04 905-892-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #