2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001391

City-St-Zip:

CORONA, CA 92879

Entity Name: ATHLETIC POLYMER SYSTEMS, INC.

FILED Jul 16, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|---|--|---|---|--|--|
| 708 S TEM SUITE 101 CORONA, | IESCAL STRE CA 92879 | ET | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| PO BOX 78 CORONA, | 88 CA 92878078 | 38 | | | |
| FEI Number: | 33-0897721 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1200 SOU | ORATION SYS TH PINE ISLAI ON, FL 33324 | ND ROAD | | | |
| | named entity s e of Florida. | submits this statement for the pu | rpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | t | Date | |
| | | 3(2)(b), F.S., the corporation did not g Trust Fund Contribution (). | receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | GARRETT, THO | CAL STREET, SUITE 101 | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | GARRETT, KAT | CAL STREET, SUITE 101 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: | VP () VANSELL, DAV 1660 LEESON | | Title: (Name: Address: |) Change () Addition | |

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.

City-St-Zip:

SIGNATURE: KATHERINE E GARRETT ST 07/16/2009