2007 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Jan 25, 2007 08:00 A **DOCUMENT # G58271 Secretary of State** ULISHNEY BROTHERS SPORTS, INC. Principal Place of Business Mailing Address 5812 N.W. 63RD WAY 5812 N.W. 63RD WAY PARKLAND, FL 33067 PARKLAND, FL 33067 01222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2291815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ULISHNEY, EUGENE DO NOT WRITE 5812 N.W. 63RD WAY PARKLAND, FL 33067 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and site if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ULISHNEY, EUGENE NAME 5812 NW 63 WAY STREET ADDRESS CITY-ST-ZIP PARKLAND, FL U00000603149 01/29/07-80002-002 150.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIBLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 receipter 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

EUGENE ULISHWE

122/07 954-344-0439