## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64716

Entity Name: ATHLETIC DEALERS OF AMERICA, INC.

FILED Apr 12, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

1395 HIGHLAND AVENUE 1015 INVERNESS AVE

MELBOURNE, FL 32935 US MELBOURNE, FL 32940 US

Current Mailing Address: New Mailing Address:

1395 HIGLAND AVENUE 1015 INVERNESS AVE

MELBOURNE, FL 32935 US MELBOURNE, FL 32940 US

FEI Number: 59-3107888 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SONANDRES, DONALD C.

1395 HIGHLAND AVENUE

MELBOURNE, FL 32935 US

SONANDRES, LYNNE M PRES
1015 INVERNESS AVE
MELBOURNE, FL 32940 US

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.

SIGNATURE: LYNNE M SONANDRES 04/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: SONANDRES, DONALD C., Name: SONANDRES, LYNNE M PRES Address: 1015 INVERNESS AVE. Address: 1015 INVERNESS AVE.

City-St-Zip: MELBOURNE, FL City-St-Zip: MELBOURNE, FL

 Title:
 ( ) Delete
 Title:
 S/T ( ) Change (X) Addition

 Name:
 Name:
 HAISLIP, STEPHANIE A SEC/TRE

 Address:
 Address:
 717 E AMERICAN EAGLE DRIVE

 City-St-Zip:
 City-St-Zip:
 ST AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LYNNE M SONANDRES PRES 04/12/2007