2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64716

Name:

Address:

City-St-Zip:

FILED Apr 11, 2008 Secretary of State

Entity Name: ATHLETIC DEALERS OF AMERICA, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	RNESS AVE NE, FL 32940	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	015 INVERNESS AVE ELBOURNE, FL 32940 US			811 D WYNNSHIRE DRIVE HICKORY, NC 28601 US		
FEI Number:	59-3107888	FEI Number Applied For() FE	El Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
SONANDRES, LYNNE M PRES 1015 INVERNESS AVE MELBOURNE, FL 32940 US			220 DESO	YOUNG, JANET J SEC 220 DESOTO DRIVE SATELLITE BEACH, FL 32937 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: JANET J YOUNG				04/11/2008		
Electronic Signature of Registered Agent				Date		
Election Carr	paign Financing Ti	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () De SONANDRES, LYN 1015 INVERNESS MELBOURNE, FL	INE M PRES	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/T () De HAISLIP, STEPHAI 717 E AMERICAN ST AUGUSTINE, F	NIE A SEC/TRE EAGLE DRIVE	Title: Name: Address: City-St-Zip:	HAISLIP, STE	K) Change ()Addition PHANIE A VP/TRES VE COURT NE :28601	
Title:	() De	elete	Title:	SEC () Change (X) 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.

Name:

Address:

City-St-Zip:

JONES, JANET J

220 DESOTO PARKWAY

SATELLITE BEACH, FL 32937

SIGNATURE: LYNNE M SONANDRES PRES 04/11/2008