

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64716

FILED
Apr 20, 2009
Secretary of State

Entity Name: ATHLETIC DEALERS OF AMERICA, INC.

Current Principal Place of Business:

1015 INVERNESS AVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

220 DESOTO PARKWAY
SATELLITE BEACH, FL 32937 US

Current Mailing Address:

811 D WYNNSHIRE DRIVE
HICKORY, NC 28601 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

YOUNG, JANET J SEC
220 DESOTO DRIVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SONANDRES, LYNNE M PRES
Address: 1015 INVERNESS AVE.
City-St-Zip: MELBOURNE, FL

Title: VP () Delete
Name: HAISLIP, STEPHANIE A VP/TRES
Address: 1760 24TH AVE COURT NE
City-St-Zip: HICKORY, NC 28601

Title: SEC () Delete
Name: JONES, JANET J
Address: 220 DESOTO PARKWAY
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SONANDRES, LYNNE M PRES
Address: 811 D WYNNSHIRE DRIVE
City-St-Zip: HICKORY, NC 28601

Title: VP (X) Change () Addition
Name: HAISLIP, STEPHANIE A VP/TRES
Address: 108 WINWOOD CIRCLE
City-St-Zip: GRANITE FALLS, NC 28630

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LYNNE M SONANDRES

PRES

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date