2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# H11307

Entity Name: BOWLING MGT. ASSOCS., INC.

Current Principal Place of Business:

8800 STRIKE LANE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

28351 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

8800 STRIKE LANE
BONITA SPRINGS, FL 34135 US

New Mailing Address:

28351 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134 US

FEI Number: 59-2419640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CINIELLO, PATRICK
70 SOUTHPORT DRIVE
BONITA SPRINGS, FL 34134 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: CINIELLO, PATRICK,
Address: 8800 STIKE LANE
City-St-Zip: BONITA SPRINGS, FL

Title: SD ( ) Delete
Name: CINIELLO, ALISA
Address: 8800 STRIKE LANE
City-St-Zip: BONITA SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CINIELLO, PATRICK,
Address: 28351 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD (X) Change ( ) Addition
Name: CINIELLO, ALISA
Address: 28351 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK CINIELLO PD 03/30/2005

Electronic Signature of Signing Officer or Director Date