

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060778

FILED
Jun 22, 2009
Secretary of State

Entity Name: WORLD CLASS ATHLETE LLC

Current Principal Place of Business:

201 TECH DRIVE
SANFORD, FL 32771 US

New Principal Place of Business:

1774 SLOUGH CT.
OCOEE, FL 34761 US

Current Mailing Address:

201 TECH DRIVE
SANFORD, FL 32771 US

New Mailing Address:

1774 SLOUGH CT.
OCOEE, FL 34761 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAKER, TIMOTHY J
Address: 201 TECH DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGR (X) Delete
Name: JOHNSON, MICHAEL D
Address: 201 TECH DRIVE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAKER, TIMOTHY J
Address: 1774 SLOUGH CT.
City-St-Zip: OCOEE, FL 34761 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY J. BAKER

MGR

06/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date