2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2005
Secretary of State

DOCUMENT# N00000004118

Entity Name: BRANDON BOLTS BASKETBALL, INC.

Current Principal Place of Business:

2817 WINDING TRAIL DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

PO BOX 1105
VALRICO, FL 335951105

New Mailing Address:

FEI Number: 59-3653719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, WALTER III
2817 WINDING TRAIL DRIVE
VALRICO, FL 33594 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERKINS, WALTER III
Address: 2817 WINDING TRAIL DRIVE
City-St-Zip: VALRICO, FL 33594

Title: STD ( ) Delete
Name: PERKINS, FELICIA
Address: 2817 WINDING TRAIL DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VD ( ) Delete
Name: MITCHELL, JOHN
Address: 2417 BUCKHORN RUN DR.
City-St-Zip: VALRICO, FL 33594

Title: VD ( ) Delete
Name: VILA, ALFRED
Address: 13203 SPINDLEWYCK COVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA PERKINS STD 03/20/2005

Electronic Signature of Signing Officer or Director — Date