

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004242

FILED
Jul 27, 2006
Secretary of State

Entity Name: POLO PLAYERS SUPPORT GROUP, INC.

Current Principal Place of Business:

8374 MARKET ST.
BOX 485
BRADENTON, FL 342025137

New Principal Place of Business:

Current Mailing Address:

8374 MARKET ST.
BOX 485
BRADENTON, FL 342025137

New Mailing Address:

FEI Number: 65-1122507 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORIARTY, BRENDEN S
1111 3RD AVE. WEST
SUITE 210
BRADENTON, FL 34205 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

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: OFFEN, DAVID
Address: 8374 MARKET ST., BOX 485
City-St-Zip: BRADENTON, FL 342025137

Title: D () Delete
Name: OFFEN, TODD
Address: 481 AZZURE ST
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: COPPOLA, ANTHONY
Address: 13889 WELLINGTON TRACE A10
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: GANNON, TIM
Address: 2202 N WESTSHORE BLVD SUITE 500
City-St-Zip: TAMPA, FL 33601

Title: D () Delete
Name: MORIARTY, BRENDEN S
Address: 1111 3RD AVE. WEST, SUITE 210
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: OFFEN, DAVID
Address: 8374 MARKET ST., BOX 485
City-St-Zip: BRADENTON, FL 342025137

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

Title: DS (X) Change () Addition
Name: COPPOLA, ANTHONY
Address: 13889 WELLINGTON TRACE A10
City-St-Zip: WELLINGTON, FL 33414

Title: DVP (X) Change () Addition
Name: GANNON, TIM
Address: 2202 N WESTSHORE BLVD SUITE 500
City-St-Zip: TAMPA, FL 33601

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

SIGNATURE: BRENDEN S MORIARTY

D

07/27/2006

Electronic Signature of Signing Officer or Director

Date