2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005650

FILED Apr 29, 2005 Secretary of State

Entity Name: PROFESSIONAL POLO PLAYERS ASSOCIATION INC.

Current Principal Place of Business:		New Principal Place of Business:		
	KET ST.			
OX 485 RADENT	ON, FL 34202			
	lailing Addres		New Mailing Address	s:
	KET ST.		J	
OX 485				
	TON, FL 34202			
I Number	: 65-1135174	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	Y, BRENDEN S	3		
JITE 210		110		
UITE 210		US		
UITE 210 RADENT ne above) FON, FL 34205		ourpose of changing its registere	d office or registered agent, or both
JITE 210 RADENT ne above the State) FON, FL 34205 named entity s e of Florida.		ourpose of changing its registere	d office or registered agent, or both
JITE 210 RADENT ne above the State) FON, FL 34205 e named entity s e of Florida. RE:			d office or registered agent, or both Date
UITE 21(RADENT ne above the State GNATUI) FON, FL 34205 e named entity s e of Florida. RE:	submits this statement for the place of Registered Ag	ent	
UITE 21(RADENT ne above the State GNATUI	OF TON, FL 34205 In named entity set of Florida. RE: Electron S AND DIRECT	ic Signature of Registered AgroRs: Delete BT., BOX 485	ent	Date
JITE 210 RADENT ne above the State GNATUI FFICER: ne: dress:	on, FL 34205 e named entity see of Florida. RE: Electron S AND DIRECTOPYS () OFFEN, DAVID 8374 MARKET SERADENTON, F	ic Signature of Registered Ag FORS: Delete ST., BOX 485 L 34202 Delete	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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: DAVID OFFEN BY BRENDEN MORIARTY, ATTY. DPVS 04/29/2005