


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90208 021 ****61.25

DOCUMENT # N01000008507 1. Entity Name PALM BEACH PUMAS SOCCER ACADEMY, INC.					
Principal Place of Business 108 PACER LN. WEST PALM BEACH, FL 33413			Mailing Address 108 PACER LN. WEST PALM BEACH, FL 33413		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0011736	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KETCHAM, SUE ANNE 108 PACER LN. WEST PALM BEACH, FL 33413				Name <i>Philip H. Ward, III</i> Street Address (P.O. Box Number is Not Acceptable) <i>4420 Beacon Circle</i> City <i>West Palm Beach</i> FL Zip Code <i>33417</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i>		(NOTE: Registered Agent signature required when reinstating) DATE <i>April 26, 2004</i>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LENNON, ROBERT C	NAME			
STREET ADDRESS	108 PACER LN.	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33413	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KETCHAM, SUE ANNE	NAME			
STREET ADDRESS	108 PACER LN.	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33413	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PANFIL, SEAN P	NAME			
STREET ADDRESS	108 PACER LN.	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33413	CITY - ST - ZIP			
TITLE	<i>Vice President</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>Philip H. Ward, III</i>	NAME			
STREET ADDRESS	<i>4420 Beacon Circle</i>	STREET ADDRESS			
CITY - ST - ZIP	<i>West Palm Beach, FL 33417</i>	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Philip H. Ward, III</i> DATE <i>April 26, 2004</i> Daytime Phone #			