


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000006892 1. Entity Name BEARS WRESTLING CLUB, INC.	
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Principal Place of Business 371 22ND AVE N.W. NAPLES, FL 34120	Mailing Address 371 22ND AVE N.W. NAPLES, FL 34120
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-2415621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARMENTER, DAVID 371 22ND AVE. N.W. NAPLES, FL 34120
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000656350 03/14/07-80022-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEIGAL, THOMAS C 371 22ND AVE. N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NADOTTI, JOSEPH 371 22ND AVE. N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARMENTER, DAVID 371 22ND AVE. N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR SINGLETARY, CASEY 371 22ND AVE. N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGLETARY, NIKI 371 22ND AVE N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David Parmenter **3/1/07** **239 353-0265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #