2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N02000008764

Entity Name: ELITE SPORTS INSTRUCTION INC.

Current Principal Place of Business:

2901 S.W. 86 WAY
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

2901 S.W. 86 WAY
DAVIE, FL 33328

New Mailing Address:

FEI Number: 01-0756225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUD, WILL
1165 N.W. 111TH AVE
PLANTATION, FL 33322 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: CARDENAS, ADRIAN
Address: 2901 S.W. 56 WAY
City-St-Zip: DAVIE, FL 33328

Title: PD ( ) Delete
Name: CROUD, WILL
Address: 1165 N.W. 111TH AVE
City-St-Zip: PLANTATION, FL 33322

Title: VD ( ) Delete
Name: CARDENAS, DAWN
Address: 2901 S.W. 56 WAY
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: NESSMITH, GEORGE
Address: 222 NW 152ND AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: NELSON, JEFF
Address: 14900 FOXHEATH DR.
City-St-Zip: S.W. RANCHES, FL 33331

Title: D ( ) Delete
Name: ESTEVEZ, MARIO
Address: 1301 S.W. 104 AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

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:

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 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: ADRIAN CARDENAS MR. 04/28/2009
Electronic Signature of Signing Officer or Director — Date