


**2006 NOT-FOR-PROFIT CORPORATION
- ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000305		
1. Entity Name THE WILLIE GARY FOOTBALL CLASSIC INC.		
Principal Place of Business 221 E. OSCEOLA STREET STUART, FL 34994		Mailing Address 221 E. OSCEOLA STREET STUART, FL 34994
DO NOT WRITE IN THIS SPACE		
		02142006 No Chg-NP CR2E037 (11/05)
		4. FEI Number 16-1647979
		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 CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1100110475386 04/05/06-80013-014 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, WILLIE 221 E. OSCEOLA STREET STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, KENNETH 221 E. OSCEOLA STREET STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ALVIN 221 E. OSCEOLA STREET STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		3-10-06 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #