


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90197 022 \*\*\*\*61.25

<b>DOCUMENT # N03000000305</b>	
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
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**60036362**



**DO NOT WRITE IN THIS SPACE**

04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 16-1647979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**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	

**DO NOT WRITE IN THIS SPACE**

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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08 772-2838260  
 Date Daytime Phone #