2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010736

City-St-Zip:

LAND O LAKES, FL 34639

FILED Jun 30, 2006 Secretary of State

Entity Nai	me: ATHLETE'S WHO CARE, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
22006 YACHTCLUB TERRACE LAND O LAKES, FL 34639		P.O.BOX 2087 LAND O LAKES, FL 3	P.O.BOX 2087 LAND O LAKES, FL 34639	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
22006 YACHTCLUB TERRACE LAND O LAKES, FL 34639		P.O. BOX 2087 LAND O LAKES, FL	P.O. BOX 2087 LAND O LAKES, FL 34639	
	: 20-0473723 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not re	FEI Number Not Applicable() eceive the prior notice.	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
3150 SANI	RATE USA, INC. DY RIDGE DR. ATER, FL 33761 US			
	named entity submits this statement for the purple of Florida.	pose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete THOMOPALOS, VALLERIE 22006 YACHTCLUB TERRACE LAND O LAKES, FL 34639	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete THOMOPALOS, STEVEN 22006 YACHTCLUB TERRACE LAND O LAKES, FL 34639	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete WILLIAMS, ROBERT	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: VAL V THOMOPALOS PRES 06/30/2006