

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010736

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: ATHLETE'S WHO CARE, INC.

## Current Principal Place of Business:

P.O.BOX 2087  
LAND O LAKES, FL 34639

## New Principal Place of Business:

22006 YACHTCLUB TERRACE  
LAND O LAKES, FL 34639

## Current Mailing Address:

P.O. BOX 2087  
LAND O LAKES, FL 34639

## New Mailing Address:

FEI Number: 20-0473723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR.  
CLEARWATER, FL 33761      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: THOMOPALOS, VALLERIE  
Address: 22006 YACHTCLUB TERRACE  
City-St-Zip: LAND O LAKES, FL 34639

Title: D      ( ) Delete  
Name: THOMOPALOS, STEVEN  
Address: 22006 YACHTCLUB TERRACE  
City-St-Zip: LAND O LAKES, FL 34639

Title: D      ( ) Delete  
Name: WILLIAMS, ROBERT  
Address: 22006 YACHTCLUB TERRACE  
City-St-Zip: LAND O LAKES, FL 34639

## 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:

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.

SIGNATURE: VAL V. THOMOPALOS

PRES

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date