2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N03000010736

Entity Name: ATHLETE'S WHO CARE, INC.

Current Principal Place of Business:

11406 GALLERIA DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 341946
TAMPA, FL 33694

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:

KLINGMAN, JAMIE
11406 GALLERIA DRIVE
TAMPA, FL 33618 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: LAUMER-GIDDENS, CHRISTOPHER
Address: 4212 N. MARGUERITE ST
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: KLINGMAN, JAMIE
Address: 11406 GALLERIA DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D (X) Delete
Name: MARLOWE, RUSSELL
Address: 22919 GLEN CT
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Delete
Name: JIM, REYNOLDS
Address: 13501 IRONTON DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KLINGMAN, JAMIE
Address: 11406 GALLERIA DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition
Name: REYNOLDS, JIM
Address: 13501 IRONTON DRIVE
City-St-Zip: TAMPA, FL 33626

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: JAMIE KLINGMAN PD 02/03/2009

Electronic Signature of Signing Officer or Director — Date