2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009056

FILED Apr 29, 2009 Secretary of State

Entity Name: PALADINS ATHLETIC ORGANIZATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
2929 NE 6 ⁻ WILTON M	TH AVE IANORS, FL	33334						
Current Mailing Address:				New Mailing Address:				
2929 NE 6 ⁻ WILTON M	TH AVE IANORS, FL	33334						
FEI Number: 13-4287176 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()					
Name and	Address of	Current Registe	red Agent:	Name and	Address o	f New Registere	d Agent:	
LAFONTAINE, MARK J MST 3499 NE 12TH TERRACE OAKLAND PARK, FL 33334 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,								
	of Florida.							
SIGNATUR		nio Signaturo of E	Pogistorod Ago			Date		
Electronic Signature of Registered Agent								
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GILLUND, RAI 699 NE 26TH			Title: Name: Address: City-St-Zip:		() Change () Addit	ion	
Title: Name: Address: City-St-Zip:	VD (DODDY, LORI 5612 N.W. 49 TAMARAC, FL	TH AVE		Title: Name: Address: City-St-Zip:		()Change ()Addit	ion	
Title: Name: Address: City-St-Zip:	SACHS, JEFF 699 NE 26TH			Title: Name: Address: City-St-Zip:		() Change () Addit	ion	
Title: Name: Address: City-St-Zip:	TD (DUCOTE, DAN 5612 N.W. 49 TAMARAC, FL	TH AVE		Title: Name: Address: City-St-Zip:	TD BONINE, DA 3021 NE 16 ⁻ FT. LAUDER		tion	
Title: Name: Address: City-St-Zip:	CHARLES, PA 2003 NORTH) Delete NTANO RIVERSIDE DRIVE EACH, FL 33062		Title: Name: Address: City-St-Zip:		(X) Change()Addil EPHEN R MERALD DR. APT#2 ARK, FL 33309		
Title: Name: Address: City-St-Zip:	ANTHONY, GO 2800 NE 2ND			Title: Name: Address: City-St-Zip:	V HELIE, JAUN 1901 N AND WILTON MA		tion	

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: RANDY GILLUND PD 04/29/2009