2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000011332



FILED

Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90563 010 ****61.25

RISING STARS ATHLETICS INC ZUUDUMAT Principal Place of Business Mailing Address 7781 MANOR FORREST LANE 7781 MANOR FORREST LANE BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 99813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COE, BRIAN T 7781 MANOR FORREST LANE Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FL 33436 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2005 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete TITLE Change noitibhA 🔲 TITLE COE, BRIAN T NAME NAME 7781 MANOR FORREST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP BOYNTON BEACH, FL 33436 Addition □ Change ☐ Delete TITLE TITLE MONROE, WAYNE MARIE NAME 7781 MANOR FORREST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Change Addition ☐ Detete TITLE COE, JANICE NAME NAME STREET ADDRESS 7781 MANOR FORREST LANE STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: LOCAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR