

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003377

FILED
Feb 25, 2008
Secretary of State

Entity Name: TAMPA ECLIPSE SPORTS, INC.

Current Principal Place of Business:

4403 TEVALO DR
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4403 TEVALO DR
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-4604881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, JAMES J ESQ
111 BLOOMINGDALE DR
BRANDON, FL 33511 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: P () Delete
Name: OWENS, JACKIE II
Address: 4403 TEVALO DR
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: OWENS, BRIDGET
Address: 4403 TEVALO DR
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: TAYLOR, STEPHANIE
Address: 301 PROVIDENCE RD APT 304
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete
Name: HILL, DINO
Address: 3241 DRUM RD
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: D (X) Delete
Name: BUEHIER, ANNMARIE
Address: 3611 ALLWOOD AVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: JACKIE OWENS II

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date