

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 21, 2009
Secretary of State

DOCUMENT# N07000006335

Entity Name: ALL DAY ATHLETICS, INC.

Current Principal Place of Business:% FREDDIE COLE
400 CAPITAL CIRCLE SE - STE 18239
TALLAHASSEE, FL 323013938**New Principal Place of Business:****Current Mailing Address:**% FREDDIE COLE
400 CAPITAL CIRCLE SE - STE 18239
TALLAHASSEE, FL 323013938**New Mailing Address:**

FEI Number: 64-0950822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:COLE, FREDDIE
1222 HIGH RD.
TALLAHASSEE, FL 32304 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: COLE, FREDDIE
Address: 400 CAPITAL CIRCLE SE - STE 18239
City-St-Zip: TALLAHASSEE, FL 323013938Title: VP () Delete
Name: MACK, RODERICK
Address: 400 CAPITAL CIRCLE SE - STE 18239
City-St-Zip: TALLAHASSEE, FL 323013938Title: D () Delete
Name: COLE, KHALILAH DIRECTO
Address: 400 CAPITAL CIRCLE SE - STE 18239
City-St-Zip: TALLAHASSEE, FL 323013938Title: D () Delete
Name: TURNER, NICHOLAS DIRECTO
Address: 400 CAPITAL CIRCLE SE SUITE # 18239
City-St-Zip: TALLAHASSEE, FL 323043938Title: D () Delete
Name: JONES, MARION DIRECTO
Address: 400 CAPITAL CIRCLE SE SUITE # 18239
City-St-Zip: TALLAHASSEE, FL 323043938Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
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Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: MACK, MARY DIRECTO
Address: 400 CAPITAL CIRCLE SE SUITE # 18239
City-St-Zip: TALLAHASSEE, FL 32301

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: FREDDIE COLE

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date