

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002392

FILED
May 01, 2006
Secretary of State

Entity Name: ALL SPORTS COMMUNITY SERVICE, INC.

Current Principal Place of Business:

4511 NORTH HIMES AVENUE
SUITE 195
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271506
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-3184150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEYS, TYRONE P
4144 NORTH ARMENIA AVENUE
SUITE 195
TAMPA, FL 33614 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: ED () Delete
Name: KEYS, TYRONE
Address: 4144 NORTH ARMENIA AVENUE SUITE 195
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: BUBLEY, MARTIN A
Address: 3820 NORTHDALE BLVD.,STE. 312-B
City-St-Zip: TAMPA, FL 33624

Title: DP () Delete
Name: BUBLEY, DANIEL B
Address: 3820 NORTHDALE BLVD.,STE. 312-B
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: MOORE, CARNELL
Address: ONE TAMPA CITY CENTER
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: TURNER, SUSAN DR
Address: 702 S. FIELDING
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: ULM, SCOTT
Address: 2966 N. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: TYRONE P KEYS

_____ Electronic Signature of Signing Officer or Director

D

05/01/2006

_____ Date