

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004674

FILED
Jan 12, 2009
Secretary of State

Entity Name: ALL SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

4 ELEVENTH AVE
SUITE 2
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2591
SUITE 301J
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3224296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JAMES C C
4 ELEVENTH AVE SUITE 2
SHALIMAR, FL 32579 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: PRES () Delete
Name: COUPE, MIKE
Address: 321 BREEM SUITE AVE UNIT 304
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: TRES () Delete
Name: THOMAS, WILLIAM
Address: 518 JUNIPER AVE
City-St-Zip: NICEVILLE, FL 32578

Title: 1VP () Delete
Name: MCEACHERN, ROBERT
Address: 816 MAGNOLIA SHORES DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: 2VP () Delete
Name: BOSWELL, STEVEN C
Address: 331 ANTIQUA WAY
City-St-Zip: NICEVILLE, FL 32578

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:

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: WILLIAM M THOMAS

TRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date