2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# N97000003471

Entity Name: BRANDON ALL-STARS INC.

Current Principal Place of Business:

9940 CURRIE DAVIS DRIVE
SUITE C-02
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

9940 CURRIE DAVIS DRIVE
SUITE 147
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3454928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEZIN, PETER N PRES.
4207 W BAY VILLA AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

LEZIN, PETER N PRES.
4827 POND RIDGE DR.
RIVERVIEW, FL 33578 US

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: _____ 02/25/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEZIN, PETER N PRES.
Address: 4207 W. BAY VILLA AVE
City-St-Zip: TAMPA, FL 33611

Title: VSD ( ) Delete
Name: VILFORT, MARIE F VP/SEC
Address: 4207 W BAY VILLA AVE
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Delete
Name: HARROD, JOSLYNNE TREAS.
Address: 3336 CHAPEL CREEK CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: VILFORT, JACQUES L DIR.
Address: 1819 ALBANY AVE
City-St-Zip: BROOKLYN, NY 11210

Title: D ( ) Delete
Name: CLARKE, LEIGHTON DIR.
Address: 8513 CARLEY SOUND CIRCLE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEZIN, PETER N PRES.
Address: 4827 POND RIDGE DR.
City-St-Zip: RIVERVIEW, FL 33578

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: PETER LEZIN PD 02/25/2008
Electronic Signature of Signing Officer or Director — Date