

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004434

FILED
Apr 23, 2007
Secretary of State

Entity Name: WINNING WAYS BASKETBALL, INC.

Current Principal Place of Business:

407 CENTERPOINTE CIRCLE
1637
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

PO BOX 160835
ALTAMONTE SPRINGS, FL 327160835

New Mailing Address:

FEI Number: 59-3535316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MESTEL, BARRY
407 CENTERPOINTE CIRCLE
SUITE 1637
ALTAMONTE SPRINGS, FL 32701 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: D () Delete
Name: MESTEL, BARRY
Address: 591 CALIBRE CREST PKWY, #202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: KANE, TOM
Address: 244 LAZY ACRES DR
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete
Name: SUHR, BRENARD
Address: 3142 BUTLER BAY DR N
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MESTEL, BARRY
Address: 591 CALIBRE CREST PKWY, #202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D (X) Change () Addition
Name: RESNICK, MATTHEW
Address: 213 CHURCHILL DR
City-St-Zip: LONGWOOD, FL 32779

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: BARRY L. MESTEL

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date