

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002010

FILED
Apr 28, 2007
Secretary of State

Entity Name: SPORTS CAMP, INC.

Current Principal Place of Business:

SPORTSCAMP INC
2111 SEVILLA WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

SPORTSCAMP INC
2111 SEVILLA WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0918561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOMMER, CONNIE
2111 SEVILA WAY
NAPLES, FL 34109 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: PD () Delete
Name: KOMMER, CONNIE
Address: 2111 SEVILLA WAY
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: BEATTY, LANE
Address: 2122 SEVILLA WAY
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: HUTCHESON, KELLY
Address: 15881 DELASOL LANE
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: MULLEN, MIKE
Address: 10756 WINTERVIEW DR
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: TRIPANI, GARY
Address: 2093 SEVILLA WAY
City-St-Zip: NAPLES, FL 34109

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:

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: CONNIE KOMMER

PRES

04/28/2007

Electronic Signature of Signing Officer or Director

Date