2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N99000003594

Entity Name: LEG-A-Z SPORTS ACADEMY, INC.

Current Principal Place of Business:

7012 SW 6TH PLACE
APT. C
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141656
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-3589896 **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:

BENJAMIN, BASIL
P.O. BOX 141656
GAINESVILLE, FL 32614 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: BENJAMIN, BASIL
Address: P.O. BOX 141656
City-St-Zip: GAINESVILLE, FL 32614

Title: VD ( ) Delete
Name: SMITH, RONALDO
Address: 2027 NW 43 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete
Name: ROLLE, TREVOR
Address: P.O. BOX 141656
City-St-Zip: GAINESVILLE, FL 32614

Title: T ( ) Delete
Name: ROLLE, TREVOR
Address: P O BOX 141656
City-St-Zip: GAINESVILLE, FL 32614

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 for the exemption stated in Section 119.07(3)(i), 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: BASIL BENJAMIN PD 05/05/2005
Electronic Signature of Signing Officer or Director — Date