

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003594

FILED
Apr 25, 2006
Secretary of State

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:

4117 SW 20TH AVENUE
APT 222
GAINESVILLE, FL 32607

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 ()

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 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: B

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date