2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003832

Entity Name: MAJOR PLAYERS INC.

Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1390 NW 200TH ST. MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

1390 NW 200TH ST. MIAMI, FL 33169

FEI Number: 65-0940047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIMERE, ALLISON 1390 NW 200TH ST. MIAMI, FL 33169

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LIMERE, ALLISON LIMERE, ALLISON Name: Name: 1390 NW 200ST Address: 1390 NW 200ST Address:

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169

Title: STD () Delete Title: (X) Change () Addition ESDELLE, RONALD Name: ESDELLE, RONALD Name: Address: 1875 N. W. 80TH TERRACE Address: 1875 N. W. 80TH TERRACE

City-St-Zip: PLANTATION, FL 33312 City-St-Zip: PLANTATION, FL 33312

Title: TD () Delete Title: (X) Change () Addition ELIGON, ANN Name: ELIGON, ANN Name:

3630 S.W. 36TH. STREET Address: Address: 3630 S.W. 36TH. STREET

City-St-Zip: HOLLYWOOD, FL 330233 City-St-Zip: HOLLYWOOD, FL 330233

(X) Change () Addition Title: TD () Delete Title: EDWARDS, DAPHNE

EDWARDS, DAPHNE Name: Name:

4401 NORTH WEST 168 TERRACE 4401 NORTH WEST 168 TERRACE Address: Address:

OPA LOCKA, FL 33055 City-St-Zip: OPA LOCKA, FL 33055 City-St-Zip:

Title: VD () Delete Title: (X) Change () Addition

ANTOINE, MONTY ANTOINE, MONTY Name: Name:

6901 WEST WEDGEWOOD AVE 6901 WEST WEDGEWOOD AVE Address: Address: FORT LAUDERDALE, FL 33331 City-St-Zip: FORT LAUDERDALE, FL 33331 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ANTOINE, CAROL ANTOINE, HELEN Name: Name:

Address: 6901 WEST WEDGEWOOD AVE Address: 6901 WEST WEDGEWOOD AVE FORT LAUDERDALE, FL 33331 FORT LAUDERDALE, FL 33331 City-St-Zip: 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: ALLISON LIMERE D 04/30/2007

Electronic Signature of Signing Officer or Director

Date