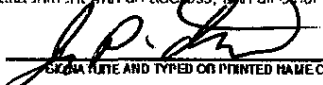


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90226 001 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000023548			
1. Entity Name PAINTBALL PRO SHOP, INC.			
Principal Place of Business 2500 DAVIE BLVD. FT. LAUDERDALE, FL 33312		Mailing Address 2500 DAVIE BLVD. FT. LAUDERDALE, FL 33312	
2. Principal Place of Business 215 S. STATE ROAD 7 Suite, Apt. #, etc.		3. Mailing Address 215 S. STATE ROAD 7 Suite, Apt. #, etc.	
City & State PLANTATION, FLORIDA		City & State PLANTATION, FLORIDA	
Zip 33317	County BROWARD	Zip 33317	County BROWARD
4. FEI Number 65-0985430		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLMSTEAD, JERRY 2500 DAVIE BLVD. FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (F.O. Box Number is Not Acceptable) 215 S. STATE ROAD 7 City PLANTATION, FL Zip Code 33317	
8. 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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLMSTEAD, JERRY 2500 DAVIE BLVD FORT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 215 S. STATE ROAD 7 PLANTATION, FLORIDA 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		Date: FEB 28 - 04 Expires: JUN 30 - 04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Expires	