3-04-2006 1:45PM FROM GALBRAITH PROPERTIES 727546

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90332 004 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000080189

1. Entity Name
CADE SPORTS MARKETING, INC.

500010543

Principal Place of Business	Mailing Address
18814 WIMBLEDON CIRCLE LUTZ, FL 33558	PO BOX 340275 TAMPA, FL 33694

2. Principal Place of Business	3. Mailing Address
	18814 Wimblen Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lutz, FL
Zip / Country	Zip: 33558 / Country: USA

03022006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-3668390 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELDON, CASEY 18814 WIMBLEDON CIRCLE LUTZ, FL 33558	Name: Lori L. Weldon Street Address (P.O. Box Number is Not Acceptable): 18814 Wimbledon Circle City: Lutz FL Zip Code: 33558

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: X [signature] Date: 4-4-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	D WELDON, CASEY 18129 CRAWLEY ROAD ODESSA, FL 33556	☒ Delete (Do not delete)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lori L. Weldon 18814 Wimblen Circle Lutz FL 33558	☐ 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 exemptions contained 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 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: X [signature] Date: 4-4-06 Daytime Phone #: 8134785289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR