

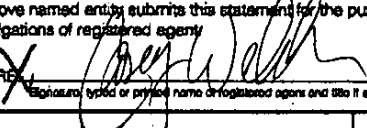
3-04-2006 1:45PM

FROM GALBRAITH PROPERTIES 727546

FILED
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.			
Principal Place of Business 18814 WIMBLEDON CIRCLE LUTZ, FL 33558		Mailing Address PO BOX 340275 TAMPA, FL 33694	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 18814 Wimbleton Circle Suite, Apt. #, etc.	
City & State Lutz, FL		City & State Lutz, FL	
Zip 33558	Country USA	4. FEI Number 59-3668390	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		CR2E034 (11/05)	
6. Name and Address of Current Registered Agent WELDON, CASEY 18814 WIMBLEDON CIRCLE LUTZ, FL 33558		7. Name and Address of New Registered Agent Name Lori L. Weldon Street Address (P.O. Box Number is Not Acceptable) 18814 Wimbleton 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: 		DATE: 4-4-06	
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 33558 ☒ Delete Do not delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Lori L. Weldon 18814 Wimbleton Circle Lutz FL 33558 ☐ Change ☒ Addition
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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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 prepare 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 fees empowered.			
SIGNATURE: 		DATE: 4-4-06 8/34785289	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50010543

