


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90009 020 ***150.00

DOCUMENT # P00000094193	
1. Entity Name COMPLETE PLAYER INSTITUTE, INC.	

Principal Place of Business 2633 NORTHWEST 36 STREET BOCA RATON, FL 33434	Mailing Address 2633 NORTHWEST 36 STREET BOCA RATON, FL 33434
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2. Principal Place of Business 2932 COUNTRY CLUB BLVD	3. Mailing Address 2932 COUNTRY CLUB BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

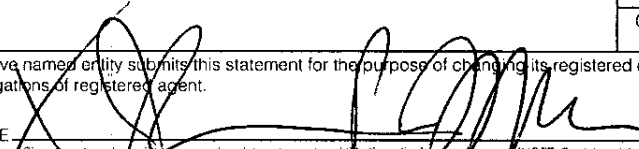
City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL
Zip 33442	Zip 33442
Country US	Country US

07122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1046496	Applied For <input type="checkbox"/> Not Applicable
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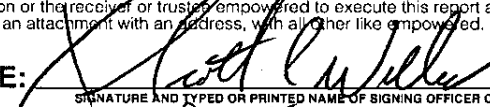
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAN, CHARLES O JR 1300 NW 167TH ST, STE 3 MIAMI, FL 33169	7. Name and Address of New Registered Agent Name MILLER, JOHN P. Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD SUITE 305A City BOCA RATON FL Zip Code 33431
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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:  JOHN P. MILLER 7/12/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, SCOTT C 2633 NW 36 ST BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, SCOTT C 2932 COUNTRY CLUB BLVD DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SCOTT C WILLIAMS, PRESIDENT/DIRECTOR	Date 7/12/04 Daytime Phone # 561-447-7615