

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 05, 2005 8:00 am
Secretary of State

05-20-2005 90033 005 ***150.00

DOCUMENT # PO000094897	
1. Entity Name Winning Team Rewards, Inc	

DO NOT WRITE IN THIS SPACE

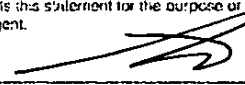
2. Principal Place of Business 3271 N.W. 103 TERR	3. Mailing Address 3271 N.W. 103 TERR
City & State SUNRISE, FL	City & State SUNRISE, FL
Zip 33351	Zip 33351
Country USA	Country USA

66024164

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1046615	Applied For ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name DONALD ALLEN BROWN CPA	
Street Address (P.O. Box Number is Not Acceptable) 8581 W. MCNAB RD	
City TAMPA	Zip Code 33321

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  **6/5/05**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
True: Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT/CEO TREVOR R. WALLACE 3271 N.W. 103 TERRACE SUNRISE FL. 33351	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 on an attachment with a signature, with or without an endorsement.

SIGNATURE:  **TREVOR R. WALLACE** **654914-4022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2ED34B (12/02)