


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90172 019 \*\*\*150.00

<b>DOCUMENT # P01000023205</b> 1. Entity Name GRAND SLAM SPORTS MARKETING, INC.	
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Principal Place of Business 20533 BISCAYNE BOULEVARD SUITE 4163 AVENTURA, FL 33180	Mailing Address 20533 BISCAYNE BOULEVARD SUITE 4163 AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1081861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LEADER, JERRY 20533 BISCAYNE BOULEVARD SUITE 4163 AVENTURA, FL 33180
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOLLE, FRED 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO DAVIDSON, OWEN 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEADER, JERRY 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Jerry Leader CFD JERRY LEADER 1/9/06 305-606-5380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #