


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

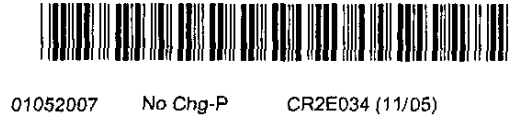
**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000023205  
 1. Entity Name  
 GRAND SLAM SPORTS MARKETING, INC.



Principal Place of Business      Mailing Address  
 20533 BISCAYNE BOULEVARD      20533 BISCAYNE BOULEVARD  
 SUITE 4163                              SUITE 4163  
 AVENTURA, FL 33180                  AVENTURA, FL 33180

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4. FEI Number      Applied For  
 65-1081861      Not Applicable

5. Certificate of Status Desired       \$8.75 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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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

DATE  
 01/11/07-80041-014 150.00

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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; that I am 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 CPA CFD      JERRY LEADER      1/11/07      301-931-9250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #