


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90064 016 ***150.00

DOCUMENT # P01000092834 1. Entity Name MK SPORTS, INC.					
Principal Place of Business 8443 SUMMERFILED PLACE BOCA RATON, FL 33433			Mailing Address P.O. BOX 812065 BOCA RATON, FL 33481		
2. Principal Place of Business <i>8443 Summer Field PL</i>		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Boca Raton</i>		City & State 			
Zip <i>33433</i>		Country <i>Palm Beach</i>		Zip 	
Country 		Country 			
4. FEI Number 65-1138367				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANGASNIEMI, MAX 5560 PACIFIC BLVD STE 412 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name <i>Kangasniemi, Max</i> Street Address (P.O. Box Number is Not Acceptable) <i>8443 Summer Field PL</i> City <i>Boca Raton</i> FL Zip Code <i>33433</i>		
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 <i>[Signature]</i> 2/15/05 <small>Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP KANGASNIEMI, MAX 5560 PACIFIC BLVD STE 412 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8443 Summer Field PL Boca Raton, FL 33433	
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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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: <i>[Signature]</i> <i>Max Kangasniemi</i> 2/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					