2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

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Entity Name: POLO GEAR TEAM SHOP, INC.

Current Principal Place of Business:

501 BRICKELL KEY DR, STE 602
MIAMI, FL 33131

New Principal Place of Business:

3609 CENTURY BLVD
SUITE 4
LAKELAND, FL 33811

Current Mailing Address:

501 BRICKELL KEY DR, STE 602
MIAMI, FL 33131

New Mailing Address:

3500 FAIRLANE FARMS RD
SUITE 15
WELLINGTON, FL 33414

FEI Number: 22-3859951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
501 BRICKELL KEY DR, STE 602
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: FELLERS, GARY T
Address: C/O 501 BRICKELL KEY DR, STE 602
City-St-Zip: MIAMI, FL 33131

Title: DT ( ) Delete
Name: SASSOON, JEANNETTE T
Address: C/O 501 BRICKELL KEY DR, STE 602
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: WHISENAND, JAMES D
Address: C/O 501 BRICKELL KEY DR, STE 602
City-St-Zip: MIAMI, FL 33131

Title: V ( ) Delete
Name: JOHNSON, SERENA
Address: C/O 501 BRICKELL KEY DR, STE 602
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY T. FELLERS D 04/30/2005

Electronic Signature of Signing Officer or Director — Date