2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032787

City-St-Zip:

CHIEFLAND, FL 32626

FILED May 16, 2006 Secretary of State

Entity Name: SPORTS-A-RAMA, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
GARY S. EDINGER 305 NE 1 ST GAINESVILLE, FL 32601				9050 N.W 127TH PLACE CHIEFLAND, FL 32626	
Current Ma	ailing Address	:	New Mailing Addres	New Mailing Address:	
GARY S. EI 305 NE 1 S GAINESVIL			9050 N.W 127TH PLA CHIEFLAND, FL 326		
FEI Number:	06-1686747	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
EDINGER, GARY S GARY S. EDINGER 305 NE 1 ST GAINESVILLE, FL 32601 US				BROWN, CHRIS 9050 N.W 127TH PLACE CHIEFLAND, FL 32626 US	
The above in the State		bmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: CHRIS BROWN				05/16/2006	
Electronic Signature of Registered Agent			t	Date	
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E BROWN, CHRIS 9050 NW 127 PL CHIEFLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E BROWN, TAMMY 9050 NW 127 PL CHIEFLAND, FL		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address:	D () E BROWN, STACE 9050 NW 127 PL		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: CHRIS BROWN D 05/16/2006