

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2005 JUL 13 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000096298	
1. Entity Name THE HOCKEY SOURCE, INC.	



Principal Place of Business 6738 N. UNIVERSITY DR. TAMARAC, FL 33321	Mailing Address 6738 N. UNIVERSITY DR. TAMARAC, FL 33321
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2. Principal Place of Business 11406 WEST SAMPLE ROAD Suite, Apt. #, etc.	3. Mailing Address 11406 WEST SAMPLE ROAD Suite, Apt. #, etc.
City & State CORAL SPRINGS, FLORIDA	City & State CORAL SPRINGS
Zip 33065	Country USA



07012005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0200072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRIVIS, FORTUNA 6738 N. UNIVERSITY DR. TAMARAC, FL 33321	7. Name and Address of New Registered Agent Name PAUL M. VOLMERT, ESQ. Street Address (P.O. Box Number is Not Acceptable) PAUL M. VOLMERT, PA 500 SE 17TH STREET, SUITE 220 City FORT LAUDERDALE FL Zip Code 33316
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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 	PAUL M. VOLMERT DATE 07/06/05

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PRIVIS, FORTUNA 6738 N. UNIVERSITY DR. TAMARAC, FL 33321 <input checked="" 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	PRESIDENT ANDREW MARTIN 11406 WEST SAMPLE ROAD CORAL SPRINGS, FLORIDA 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700057665177 07/19/05--01043--022 **\$61.25 <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
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

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:	ANDREW MARTIN	7-6-05	954-718-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #