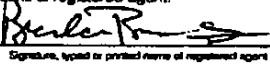


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-20-2005 90322 016 ***150.00

DOCUMENT # P04000064242					
1. Entity Name COLLEGIATE SPORTS ASSOCIATES OF SOUTH FLORIDA, INC.					
Principal Place of Business 12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908			Mailing Address 12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 86-1108389	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINDISE, BRENDAN C 12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE: 4-11-05 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, 2005 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRINDISE, BRENDAN C 12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 			Date: 4-11-05 Daytime Phone #		