


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-03-2007 90069 027 ***150.00

DOCUMENT # P04000144839 1. Entity Name MINDSET FOR SPORTS SUCCESS, INC.					
Principal Place of Business 1308 DRUID ISLE ROAD MAITLAND, FL 32751			Mailing Address 1308 DRUID ISLE ROAD MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1229 Leeward Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Weston, Florida		4. FEI Number 06-1734140	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33327		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent W&P SERVICES INC 450 N WYMORE RD WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Chaires Hammond, P.L. Street Address (P.O. Box Number is Not Acceptable) 283 Cranes Roost Blvd., Suite 165 City Altamonte Springs FL Zip Code 32701		
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 <u><i>Gregory L. Chaires, President</i></u> DATE <u>4/3/07</u> <small>Signature, typed or 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, 2007 Fee will be \$550.00		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	DPTS GILBERT, REYNA 1308 DRUID ISLE ROAD MAITLAND, FL 32751		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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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 exemptions contained 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 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: <u><i>Kyrna O. Stiles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-27-07</u> Daytime Phone # <u>954-806-3551</u>		

ATTACHMENT

66015140
#P04000144839

May 14, 2007

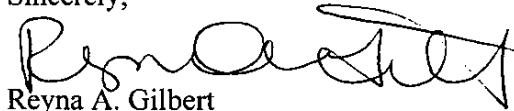
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed you will find the original copy of the 2007 Uniform Business Report of Mindset for Sports Success Inc. A copy of this report, along with a payment in the amount of \$150.00, was mailed on Monday, April 30, 2007. I was unable to submit this original form because I was involved in an auto accident on April 27, 2007 and the original UBR was in the vehicle at the time of the accident. The vehicle was towed away following the accident. I was not able to retrieve the original UBR from the vehicle until May 7, 2007. I have enclosed a copy of the traffic citation for your records.

I apologize for the late submission of this original UBR, however, the required fee was submitted prior to the deadline. I hope the late submission of this form does not require me to pay a late fee. Please do not hesitate to contact me with any questions or concerns.

Sincerely,



Reyna A. Gilbert
President
Mindset for Sports Success Inc.

ATTACHMENT

66015146

P04000144839



FLORIDA UNIFORM TRAFFIC CITATION

9483-SHW CHECK 6
DIGIT

COUNTY OF BROWARD		<input checked="" type="checkbox"/> (1) FHP <input type="checkbox"/> (2) PD <input type="checkbox"/> (3) SO <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		FLORIDA HIGHWAY PATROL	
		AGENCY	
IF THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK SATURDAY	MONTH 04	DAY 28	YEAR 2007
NAME (PRINT FIRST) REYNA		MIDDLE AMBER	LAST GILBERT
STREET 1229 LEEWARD WAY			
CITY WESTON		STATE FL	ZIP CODE 33327
TELEPHONE NUMBER	DATE OF BIRTH 07 31 1979	RACE B	SEX F
DRIVER LICENSE NUMBER G416721797710	CLASS E	CDL LICENSE N	YR LICENSE EXP. 2013
IF PLACARDED HAZARDOUS MATERIAL "X" HERE	IF COMMERCIAL MTR VEH "X" HERE		
VEHICLE LICENSE NO J9401A	TRAILER TAG NO	STATE FL	YEAR TAG EXPIRES 2007
IF PLACARDED HAZARDOUS MATERIAL "X" HERE			
IF COMPANION CITATION(S) "X" HERE			
IF ON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY S.R. 869 S.B. AT THE 2 MILE POST (SUNRISE TOLL PLAZA) LANE #12 (SUNPASS DEDICATED LANE).			
FT _____ MILES _____ OF NODE _____			
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			

<input type="checkbox"/> UNLAWFUL SPEED	MPH SPEED APPLICABLE _____ MPH
<input type="checkbox"/> INTERSTATE <input type="checkbox"/> 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.	
<input type="checkbox"/> CARELESS DRIVING	<input type="checkbox"/> SAFETY BELT VIOLATION
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> EXPIRED TAG
<input type="checkbox"/> IMPROPER CHANGE OF LANE OR COURSE	<input type="checkbox"/> SIX (6) MONTHS OR LESS
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> MORE THAN SIX (6) MONTHS
<input type="checkbox"/> CHILD RESTRAINT	<input type="checkbox"/> NO PROOF OF INSURANCE
<input type="checkbox"/> DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING ACTUAL PHYSICAL CONTROL WHILE IMPAIRED, OR DRIVING ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL, BAC _____	

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE
FAILED TO USE DUE CARE: TO WIT: FAILED TO MAINTAIN CONTROL OF THE VEHICLE.

<input type="checkbox"/> AGGRESSIVE DRIVING	<input checked="" type="checkbox"/> BY VIOLATION OF STATE STATUTE	SECTION 316.185	SUB-SECTION
CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJURY TO ANOTHER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

9483-SHW CHECK 6 DIGIT	
COURT INFORMATION DATE 5/28/2007	TIME PM
COURT BROWARD COUNTY COURT	
SEE MAILER	
LOCATION MUST COMPLY BY ABOVE DATE	

ARREST DELIVERED TO _____ DATE _____

IF ALL VIOLATIONS ARE NOT PAID BY THE DATE SPECIFIED, THE COURT WILL ORDER THE CITATION TO BE REOPENED, AND THE CITATION WILL BE REOPENED WITHIN 30 DAYS OF THE DATE SPECIFIED. IF THE CITATION IS REOPENED, THE CITATION WILL BE REOPENED WITHIN 30 DAYS OF THE DATE SPECIFIED. IF THE CITATION IS REOPENED, THE CITATION WILL BE REOPENED WITHIN 30 DAYS OF THE DATE SPECIFIED.

TPE E. RIVERA 2257 1262 K
 SIGNATURE OF OFFICER BADGE NO. ID NO. TROOP UNIT
 HSN 15001 (REV. 205)

IMPORTANT INSTRUCTIONS TO INDIVIDUAL CHARGED WITH A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

You were charged with a civil infraction which requires that you comply with one of the following options with the Clerk of County Court in the county where you received this citation within thirty (30) calendar days. IF YOU FAIL TO COMPLY WITHIN THE SPECIFIED PERIOD, YOUR DRIVING PRIVILEGE WILL BE SUSPENDED UNTIL YOU COMPLY. YOU SHALL BE REQUIRED TO PAY AN ADDITIONAL CIVIL PENALTY AND A SERVICE FEE.

OPTIONS: *Note: Place the amount on the back of the white complaint copy also.

1. Pay a civil penalty in the amount of **\$117.50** by mail or in person to the Clerk of Court. Payment must be received by the clerk within the period specified. POINTS WILL BE ASSESSED AS APPLICABLE. FOR DRIVER LICENSE, TAG OR REGISTRATION, OR INSURANCE INFRACTIONS. PROOF OF COMPLIANCE IN THE FORM OF A VALID DRIVER LICENSE, REGISTRATION CERTIFICATE OR PROOF OF INSURANCE, WHICHEVER IS APPLICABLE, IS REQUIRED IN ADDITION TO PAYMENT.

NOTE: IF YOUR DRIVER LICENSE, TAG, REGISTRATION, OR INSURANCE WAS VALID AT THE TIME THE CITATION WAS ISSUED, YOU MAY PRESENT THE DRIVER LICENSE, TAG, REGISTRATION OR PROOF OF INSURANCE WITHIN THIRTY (30) CALENDAR DAYS TO CLERK OF COURT, AND THE CHARGE WILL BE DISMISSED. A FEE MAY BE ASSESSED. If you cannot provide proof of registration or insurance, you may sign a sworn statement at the Clerk's office.

NOTE: YOU MUST ENCLOSE THIS CITATION IF YOU MAIL PAYMENT. PAYMENT SHOULD BE IN THE FORM OF MONEY ORDER OR A CASHIER'S CHECK.

☐ PERSONAL CHECKS ARE ACCEPTED ☐ PERSONAL CHECKS ARE NOT ACCEPTED
 (Make Payable to the Clerk of the County Court)

MAIL ADDRESS FOR THE CLERK OF COURT: _____

2. Elect a court hearing by contacting the Clerk of Court at the address listed above or indicated on the front of your citation. If you request a hearing and the County Judge/Magistrate determines that you have committed the offense, the County Judge/Magistrate may impose a penalty not to exceed 500.00 or require completion of a Driver Improvement Course, or both. POINTS WILL BE ASSESSED AS APPLICABLE. If the County Judge/Magistrate determines that no infraction has been committed, no cost or penalties shall be imposed and any cost or penalties which have been paid shall be returned.

3. Any person who does NOT hold a commercial driver's license can elect to attend and complete a Driver Improvement Course approved by Florida. Initiate by contacting the Clerk of Court listed above. In such case, adjudication shall be withheld and POINTS SHALL NOT BE ASSESSED provided you have not made a prior election to attend within the last 12 months preceding this election. No person may make more than five of these elections in a lifetime (F.S. 318.14(9)). By electing this option you shall pay a penalty. Also, a court cost may be required. This option is not available for driver license, tag or registration violations.

4. If you were charged with violation of F.S. 322.065 (driver license expired for 4 months or less), F.S. 320.07(3)(a) (tag or registration expired 6 months or less), F.S. 322.15(1) (failure to display a valid driver license), F.S. 320.0605(1) (failure to possess a valid registration) or F.S. 316.046(1) (failure to maintain proof of insurance), you may, in lieu of payment of fine or court appearance, elect to enter a plea of nolo contendere and present a valid driver license, tag or registration or proper proof of insurance to the Clerk of Court. In such case, adjudication shall be withheld by the Clerk. You must pay court costs. This option is available ONLY if you HAVE NOT made this election within the last twelve (12) months. No person may make more than three (3) elections under this provision in a lifetime F.S. 318.14(10)(a). If you fail to comply within the specified period, your driving privilege will be suspended as of the date of such failure, until compliance is met. You shall be required to pay an additional civil penalty and a service fee.

5. If charged with F.S. 316.610, operating a motor vehicle in an unsafe condition or not properly equipped as required in F.S. 316.610, or F.S. 318.2935, non-criminal violation, you may, WITHIN THIRTY (30) DAYS from the date the citation was issued, have the defect corrected, pay a _____ fee to the local police or sheriff's office and have the CORRECTION CERTIFIED ON AN AFFIDAVIT OF COMPLIANCE BY THE POLICE OR SHERIFF'S OFFICE. YOU MUST MAIL OR PRESENT THE AFFIDAVIT

OF COMPLIANCE, TOGETHER WITH A FEE IN THE AMOUNT OF _____ TO THE CLERK OF THE COURT WITHIN THIRTY (30) DAYS OF THE DATE THE CITATION WAS ISSUED. NO POINTS WILL BE ASSESSED.

NOTE: This option shall not apply to violations of F.S. 316.610 by a commercial motor vehicle or transit bus owned by a government entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE
(For Local Police or Sheriff's Department Use Only)

I certify that the equipment on this vehicle described herein as indicated on the front of this citation has been corrected and upon this date complies with the requirements of the traffic laws of Florida.

DATE _____ (CHECK ONE) ☐ Local Police ☐ SheriffSigned _____
Name, Title, and Date

Agency Address _____ County _____

Accumulation of Points May Increase Your Costs of Motor Vehicle Insurance If You Were Exceeding the Speed Limit by More Than 15 MPH. This is Your Second Infraction Within the Past 18 Months; or This is Your Third or Subsequent Infraction Within the Past 36 Months (F.S. 626.9541(1)(d)(4)).