

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032170

FILED
Apr 26, 2008
Secretary of State

Entity Name: TRICK SHOTS FRANCHISING, INC.

Current Principal Place of Business:

2781 WEST STATE ROAD 434
LONGWOOD, FL 327794880

New Principal Place of Business:

Current Mailing Address:

2781 WEST STATE ROAD 434
LONGWOOD, FL 327794880

New Mailing Address:

FEI Number: 20-2409114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LANCE D
2781 WEST STATE ROAD 434
LONGWOOD, FL 327794880 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: PSD () Delete
Name: SMITH, LANCE D
Address: 2781 WEST STATE ROAD 434
City-St-Zip: LONGWOOD, FL 327794880

Title: VPD () Delete
Name: DANIELS, JAM E
Address: 545 FOX HUNT CIRCLE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: DANIELS, JAM E
Address: 4079 BERMUDA GROVE PLACE
City-St-Zip: LONGWOOD, FL 32779

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

SIGNATURE: LANCE D SMITH

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04/26/2008

Electronic Signature of Signing Officer or Director

_____ Date