2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042714

Entity Name: SUNCOAST ATHLETICS, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business: 8149 BRUMBY COURT				New Principal Place of Business:				
TRINITY, FL 34655 US								
Current Mailing Address:				New Mailing Address:				
8149 BRUMBY COURT TRINITY, FL 34655 US								
FEI Number: 42-1663331 FEI Number Applied For () FEI Number			FEI Numi	nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Nam					me and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US				KRISTON, SHERRA D PRESIDE 8149 BRUMBY CT TRINITY, FL 34655 US				
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: SHERRA KRISTON 01/05/2006							/05/2006	
Electronic Signature of Registered Agent							ate	
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:			i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () E KRISTON, JIM 8149 BRUMBY C TRINITY, FL 346		1	Title: Name: Address: City-St-Zip:	1	() Change() Addition	
Title: Name: Address: City-St-Zip:	D ()[KRISTON, SHER 8149 BRUMBY C TRINITY, FL 346	OURT	1	Title: Name: Address: City-St-Zip:	PRES KRISTON, SH 8149 BRUME TRINITY, FL	BY COURT) Addition	
Title: Name: Address: City-St-Zip:	D () E SWASS, KIM 2048 CROSS BR WELLINGTON, F		1	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	D () E SWASS, PATTI 2048 CROSS BR WELLINGTON, F		1	Title: Name: Address: City-St-Zip:	SWASS, PAT 2048 CROSS	(X) Change(TI S BREEZE DR N, FL 33414!	IVE	
Title: Name: Address: City-St-Zip:	D () [SIMMONS, J.D. 1013 DALESIDE TRINITY, FL 346		1	Title: Name: Address: City-St-Zip:	•	()Change() Addition	
Title: Name: Address: City-St-Zip:	D ()E SIMMONS, VIKKI 1013 DALESIDE TRINITY, FL 346	LANE	1	Title: Name: Address: City-St-Zip:	VP SIMMONS, V 1013 DALES TRINITY, FL	IDE LANE) 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.

SIGNATURE: SHERRA KRISTON PRES 01/05/2006