2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## TILLU LUKE JARY OF STAIL **DOCUMENT # P05000162194** HVISION OF CORPORATION. 1. Entity Name MACWET SPORTS, INC. OF ALIG 28 PM 2: 10 Mailing Address Principal Place of Business 4949 SUNBEAM RD 4949 SUNBEAM RD SUITE 12 SUITE 12 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 08252006 CR2E034 (11/05) Chq-P Applied For City & State 4. FEI Number City & State 04-3835927 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ristopher KEESLING, JASON Street Address (P.O. Box Number is Not Acceptable) 14286-19 BEACH BLVD., STE. 303 JACKSONVILLE, FL 32250 Zip Code 132082 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. Christopher A. White SIGNATURE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Delete ☐ Change Addition TITLE TITLE KEESLING, JASON NAME **700079730387** 09/12/06--01064--004 \*\*61.25 NAME STREET ADDRESS STREET ADDRESS 14286-19 BEACH BLVD., STE. 303 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32250 ☐ Delete ☐ Change ☐ Addition TITLE NAME LANGAN, TERRY NAME STREET ADDRESS STREET ADDRESS 14286-19 BEACH BLVD., STE. 303 CITY-ST-ZIP JACKSONVILLE, FL 32250 CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE CHEETHAM, BOB NAME NAME STREET ADDRESS 14286-19 BEACH BLVD., STE. 303 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32250 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empow DIRECTOR) SIGNATURE: