2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082956

Entity Name: P3ATHLETICS, INC.

FILED Aug 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3291 EMERSON LANE TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** 3291 EMERSON LANE TALLAHASSEE, FL 32317 FEI Number: 20-5124273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORTER, FRANK 3291 EMÉRSON LANE TALLAHASSEE, FL 32317 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PORTER, FRANK G JR Name: Name: 3291 EMERSON LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PORTER, LAUREN J Name: 3291 EMERSON LANE Address: Address: TALLAHASSEE, FL 32317 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition WILLIAMS, BRIAN Name: Name: 3291 EMERSON LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: () Change () Addition SCOTT, STEVEN C Name: Name: Address: 9800 FLORIDA PLACE Address: City-St-Zip: AURORA, CO 80231 City-St-Zip: Title: Title: () Delete () Change () Addition SMITH, SADAT DR. Name: Name: 9464 S OBT Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition UTEGG, JOHN A JR Name: Name: 2808 MCFARLANE CT Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32308

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: FRANK G PORTER PRES 08/21/2007