

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110365

Entity Name: SPORTS CLINIC BASEBALL, INC.

FILED  
Jul 05, 2007  
Secretary of State

## Current Principal Place of Business:

2631 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

2631 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 20-5486644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONNER, MATTHEW  
10700 NW 20TH DRIVE  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

GOFFMAN, STUART  
2631 SOUTH UNIVERSITY DRIVE  
DAVIE, FL 33328 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: STUART GOFFMAN

07/05/2007

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:

Title: PD ( ) Delete  
Name: DONNER, MATTHEW  
Address: 10700 NW 20TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD ( ) Delete  
Name: DATORSKI, JACK  
Address: 2631 S. UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: DONNER, MATTHEW  
Address: 10700 NW 20TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD (X) Change ( ) Addition  
Name: DATORSKI, JACK  
Address: 2631 S. UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: PD ( ) Change (X) Addition  
Name: GOFFMAN, STUART  
Address: 2631 SOUTH UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: TD ( ) Change (X) Addition  
Name: WEISS, SEAN  
Address: 2631 SOUTH UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

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: SEAN WEISS

TD

07/05/2007

Electronic Signature of Signing Officer or Director

Date