

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110365

FILED
May 08, 2008
Secretary of State

Entity Name: SPORTS CLINIC BASEBALL, INC.

Current Principal Place of Business:

2631 S. UNIVERSITY DRIVE
DAVIE, FL 33328

New Principal Place of Business:

1690 BANKS ROAD
MARGATE, FL 33063

Current Mailing Address:

2631 S. UNIVERSITY DRIVE
DAVIE, FL 33328

New Mailing Address:

1690 BANKS ROAD
MARGATE, FL 33063

FEI Number: 20-5486644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOFFMAN, STUART
1690 BANKS ROAD
MARGATE, FL 33063 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

05/08/2008

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: DATORSKI, JACK
Address: 1690 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

Title: PD (X) Change () Addition
Name: GOFFMAN, STUART
Address: 1690 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

Title: TD (X) Change () Addition
Name: WEISS, SEAN
Address: 1690 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

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

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05/08/2008

Electronic Signature of Signing Officer or Director

Date