

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042961

FILED
Mar 24, 2008
Secretary of State

Entity Name: TRANSWORLD SOCCER INC.

Current Principal Place of Business:

1331 BRICKELL BAY DR.
1406
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1331 BRICKELL BAY DR.
1406
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-8849278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALA, ORIOL
1331 BRICKELL BAY DR.
1406
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DAZA, IVAN
Address: SVEAVAGEN 164 #A11-WENNER GLEN CENTER
City-St-Zip: 113 46 STOCKHOLM (SWEDEN), US

Title: P () Delete
Name: SALA, ORIOL
Address: 1331 BRICKELL BAY DR. #1406
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DAZA, IVAN
Address: 1331 BRICKELL BAY DR. #1406
City-St-Zip: MIAMI, FL 33131 US

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

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: ORIOL SALA

P

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date