2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2009
Secretary of State

DOCUMENT# P07000091521

Entity Name: FOOTBA11 PROFILE, INC.

Current Principal Place of Business:

244 FIFTH AVENUE
ROOM 2483
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

C/O AARON WISE, GALLET DREYER & BERKEY LLP
845 THIRD AVENUE, 8TH FLOOR
NEW YORK, NY 100226601

New Mailing Address:

FEI Number: 26-0742942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156 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

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: AKILOTAN, CHARLEMAGNE
Address: 11 RAMSDELL STREET
City-St-Zip: NEW HAVEN, CT 06515

Title: VPD ( ) Delete
Name: ANCLKA, CLAUDE
Address: 3370 HEDDEN BAY DRIVE
City-St-Zip: AVENTURA, FL 33180

Title: VPTD ( ) Delete
Name: BOURAIMA, RAYMOND
Address: POST OFFICE BOX 3869
City-St-Zip: WOODBRIDGE, CT 06525

Title: S ( ) Delete
Name: WISE, AARON N
Address: 845 THIRD AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 100226601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: ANELKA, CLAUDE
Address: 3370 HEDDEN BAY DRIVE
City-St-Zip: AVENTURA, FL 33180

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

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: AARON N. WISE S 07/24/2009

Electronic Signature of Signing Officer or Director — Date