

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000061869

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** TOURNAMENTS UNLIMITED INC.

**Current Principal Place of Business:**

2811 TAMIAMI TRAIL  
P  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

4344 LAURA STREET  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

2811 TAMIAMI TRAIL  
P  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

4344 LAURA STREET  
PORT CHARLOTTE, FL 33980

**FEI Number:** 80-0446001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VISIONEERING CONSULTANTS INC.  
2811 TAMIAMI TRAIL  
SUITE P  
PORT CHARLOTTE, FL 33952 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROOKS, MITCHELL T  
Address: 2811 TAMIAMI TRAIL, SUITE P  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP  
Name: MALLISON, JOSEPH A  
Address: 2811 TAMIAMI TRAIL, SUITE P  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: T  
Name: VISIONEERING CONSULTANTS, INC.  
Address: 2811 TAMIAMI TRAIL, SUITE P  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

I hereby 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 all other like empowered.

SIGNATURE: MITCHELL T. BROOKS

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date