



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90008 041 ***150.00

DOCUMENT #P31742 1. Entity Name ATHLETICS AND RECREATIONAL CONSULTANTS, INC.					
Principal Place of Business 23123 STATE RD 7 236 BOCA RATON, FL 33428			Mailing Address 23123 STATE RD 7 236 BOCA RATON, FL 33428		
2. Principal Place of Business 6866 FIJI CIRCLE Suite, Apt. #, etc.		3. Mailing Address 6866 FIJI CIRCLE Suite, Apt. #, etc.		<div style="font-size: 24pt; transform: rotate(-10deg);">40037184</div> 	
City & State BOYNTON BEACH FL		City & State BOYNTON BEACH FL		03132006 Chg-P CR2E034 (11/05)	
Zip 33437		Country USA		4. FEI Number 65-0225280	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHULMAN, L. STANLEY 23123 SR 7 STE 236 BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name SHULMAN, L. STANLEY Street Address (P.O. Box Number is Not Acceptable) 6866 FIJI CIRCLE City BOYNTON BEACH FL Zip Code 33437		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SHULMAN, STANLEY L 23123 SR 7 STE 236 BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SHULMAN, STANLEY L. 6866 FIJI CIRCLE BOYNTON BEACH FL 33437
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, L. STANLEY 23123 SR 7 STE 236 BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN L. STANLEY 6866 FIJI CIRCLE BOYNTON BEACH FL 33437
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Stanley Shulman</u> <u>3/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					