

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90030 009 \*\*\*150.00

<b>DOCUMENT # P93000044000</b> 1. Entity Name <b>THE BASEBALL &amp; SPORTS CARD EXCHANGE, INC.</b>			
Principal Place of Business <b>30 WEST GRANADA BLVD. ORMOND BEACH, FL 32176</b>		Mailing Address <b>555 W GRANADA BLVD STE G-10 ORMOND BEACH, FL 32174</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>30 WEST GRANADA BLVD</b> Suite, Apt. #, etc.	
City & State <b>ORMOND BEACH, FLA</b>		4. FEI Number <b>59-3186084</b>	
Zip <b>32174</b>		Country <b>USA - VOLUNIA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01132008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>DALE, ABBOTT J CPA 555 W GRANADA BLVD., STE G-10 ORMOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent Name <b>JOHN MYERS, PA, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>504 S. YANKEE ST.</b> City <b>ORMOND BEACH</b> FL Zip Code <b>32174</b>	
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 <b>John L Myers, PA, CPA</b> DATE <b>1-28-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T JEFFREY J. BOYLE 30 WEST GRANADA BLVD. ORMOND BCH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S SUSAN H. BOYLE 30 WEST GRANADA BLVD ORMOND BCH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Jeffrey J. Boyle</b> <b>1-17-08</b> <b>1-386-6721318</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			