## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000058045

City-St-Zip: CAPE CANAVERAL, FL

Entity Name: SPORTS SERVICES INTERNATIONAL, INC

FILED Aug 31, 2007 Secretary of State

|   |   |   | 12, 1110.                                   |   |  |
|---|---|---|---|---|--|
| Current Principal Place of Business:        |   |   | New Principal Place o                       | New Principal Place of Business:          |  |
|   | TLANTIC AVEI<br>NAVERAL, FL                                   |   |   |   |  |
| Current M                                   | lailing Addres  | ss:   | New Mailing Address                         | New Mailing Address:                      |  |
|   | TLANTIC AVEI<br>NAVERAL, FL                                   |   |   |   |  |
| FEI Number:                                 | : 59-3193185  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)         |  |
| Name and                                    | Address of C  | Current Registered Agent:   | Name and Address of                         | Name and Address of New Registered Agent: |  |
| 8680 N. ATCAPE CAN                          | R, RICHARD FILANTIC AVEINAVERAL, FL  named entity of Florida. | NUE<br>32920 US   | e purpose of changing its registered        | l office or registered agent, or both,    |  |
| SIGNATUR                                    | RE:   |   |   |   |  |
|   | Electror  | nic Signature of Registered A                                     | gent  | Date                                      |  |
| Election Car                                |   | 3(2)(b), F.S., the corporation did g Trust Fund Contribution ( ). | ·   | S TO OFFICERS AND DIRECTORS:              |  |
|   |   |   |   |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD ( )<br>MALONE, GILE<br>500 FRIDAY RI<br>COCOA, FL          |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:                             | VSTD (  |   | Title:<br>Name:<br>Address                  | ( ) Change ( ) Addition                   |  |

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: GILES MALONE PD 08/31/2007