


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

04-24-2007 90007 025 \*\*\*\*\*70.00  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 MAY -2 AM 6:46

**DOCUMENT # P95000045487**  
 1. Entity Name  
 S.J.C. PROFESSIONAL BOXING, INC.



Principal Place of Business 1336 MIRACLE LANE FT MYERS, FL 33901 US	Mailing Address 1336 MIRACLE LANE FT MYERS, FL 33901 US
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**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0605679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CANTON, STEVEN J  
 1336 MIRACLE LANE  
 FT MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

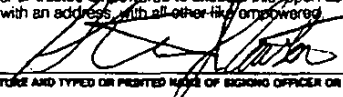
**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTON, STEVEN J 1336 MIRACLE LANE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECHETTE, CHARLES A 24850 PENNROYAL DRIVE BONITA SPRINGS, FL 33923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 titles, empowered.

SIGNATURE:  4/22/07 239-275-5275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #