## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000058989

Address:

City-St-Zip:

FILED Jan 13, 2006 Secretary of State

Entity Nai	me: STRIKER	SOCCER SUPPLY, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	ECHOBEE BL' LM BEACH, FI					
Current Mailing Address:			New Mailing Address:			
	ECHOBEE BL' LM BEACH, FI					
FEI Number	: 65-0606112	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired	( )
Name and	l Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
4286 OKE	NO, ANTHON ECHOBEE BL' LM BEACH, FI	VD				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or	- both,
SIGNATUI	RE:					
		nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:		) Delete	Title:		(X) Change ( ) Addition	
Name:	DESTEFANO,		Name:		), ANTHONY L	
Address:	2601 PEPPER		Address:	2601 PEPPE		
City-St-Zip:	NORTH PALIVI	BEACH, FL 33408	City-St-Zip:	NORTH PALI	/I BEACH, FL 33408	
Title:	s (	) Delete	Title:	V	(X) Change()Addition	
Name:	DESTEFANO, I		Name:		, MATTHEW J	
Address:	889 IMPERIAL		Address:	889 IMPERIA		
City-St-Zip:	WEST PALM E	BEACH, FL 33413	City-St-Zip:	WEST PALM	1 BEACH, FL 33413	
Title:	V (	) Delete	Title:	(	( ) Change ( ) Addition	
Name:	DESTEFANO,		Name:		. ,	
Address:	1716 NATURE	СТ	Address:			
City-St-Zip:	PALM BEACH	GARDENS, FL 33410	City-St-Zip:			
Title:	( )	) Delete	Title:	S (	( ) Change (X) Addition	
Name:			Name:	DE STEFANO	), PATRICIA L	
Address:			Address:	2601 PEPPE	RWOOD CIRCLE	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address: City-St-Zip:

NORTH PALM BEACH, FL 33408

SIGNATURE: ANTHONY DE STEFANO Ρ 01/13/2006