## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000002560

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ROYALPALM BEACH, FL 33414

FAUST, AMELIA

400 SW 11TH AVE

HALLANDALE, FL 33309

() Delete

FILED Apr 27, 2005 Secretary of State

Entity Nar	ne: ALL SPO	ORTS AWARDS & SPEC	CIALTIES, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
4814 S.W. DANIA, FL	28TH TERRA 33312	4CE					
Current Mailing Address:				New Mailing Address:			
4814 S.W. DANIA, FL	28TH TERRA 33312	ACE.					
FEI Number:	65-0646234	FEI Number Applied For	( ) FEI Nui	nber Not Appl	icable ( )	Certificate of Status D	esired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
4814 S.W. DANIA, FL The above		/CE	or the purpose c	of changing it	ts registered	d office or registered ag	gent, or both,
SIGNATUR							
		nic Signature of Registe	red Agent			Date	
Election Car	npaign Financir	ng Trust Fund Contribution (	).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PT ( FAUST, RUSS 4814 S.W. 28 DANIA, FL 33	TH TERRACE		Title: Name: Address: City-St-Zip:	FAUST, RUS	(X) Change ( ) Addition SELL THOMAS 8TH TERRACE 93312	
Title: Name: Address: City-St-Zip:	D ( FAUST, GLAD 2405 JACKSC HOLLYWOOD	N STREET		Title: Name: Address: City-St-Zip:	FAUST, GLA 2405 JACKS	(X) Change ( ) Addition DYS ON STREET D, FL 33020	
Title: Name: Address:	VPS ( BAICH, KATH) 280 KENSING			Title: Name: Address:	BAICH, KATH	(X) Change ( ) Addition HY LANE CIRCLE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

GREENACRES, FL 33463

() Change () Addition

SIGNATURE: RUSSELL FAUST Ρ 04/27/2005