Apr 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600005312

1. Corporation Name

POWER SOCCER CONSULTING, INC.

| Principal Place of Business Mailing Address SPETERSBURG PL 33706 SPETERSBURG PL 33706 S. Do NOT WRITE IN THIS SPACE | 9425 BLIND PASS ROAD. #202 ST. PETERSBURG FL 33706 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 25 9. Name and POWER, JOANNE 1 9425 BLIND PASS ST. PETERSBURG | Moil | | | | | |
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| Zip Country Zip Country Zip Country Country Zip Country Registered Agent Personal Property Tax. Xive No. 2 Name and Address of Current Registered Agent Registered Registered Agent Registered Registe | 24 9. Name and POWER, JOANNE 1 9425 BLIND PASS ST. PETERSBURG I | City & State City & State | | | | | 1 11 1 |
| 24 | 9. Name and POWER, JOANNE 1 9425 BLIND PASS ST. PETERSBURG 11. Pursuant to the provisions office or registered agent, agent. I am familiar with, a | | | | | | |
| 9. Name and Address of Current Registered Agent POWER, JOANNE T 9425 BUND PASS ROAD, #202 ST. PETERSBURG FL 33706 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered agent, arm familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, Speed or private name of registered agent, and time if application (NOTE Registered Agent signature required where reinstalling) DATE 12. OFFICERS AND DIRECTORS Signature, Speed or private name of registered agent, and time if application (NOTE Registered Agent signature required where reinstalling) DATE 12. OFFICERS AND DIRECTORS Signature, Speed or private name of registered agent, and time if application (NOTE Registered Agent signature required where reinstalling) DATE 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. ZP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 16. Change Addition 16. Change Addition 17. Name 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 19 | 9. Name and POWER, JOANNE 1 9425 BLIND PASS ST. PETERSBURG I 11. Pursuant to the provisions office or registered agent, agent. I am familiar with, a | · — | ` | _ | ıry | | |
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| POWER, JOANNE T 9425 BUND PASS ROAD, #202 ST. PETERSBURG FL 33706 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or privited name of registered agent and their applicable (NOTE: Registered Agent signature required when rejinatoring) DATE | 9425 BLIND PASS ST. PETERSBURG 11. Pursuant to the provisions office or registered agent, agent. I am familiar with, a | Address of Current Registe | red Agent | 5 | 11 | Name | IV. Hame and Address of new registered Agent |
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| ST. PETERSBURG FL 33706 83 Re City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of section 607.0502 and 807.1508. Florida Statutes. SIGNATURE Signature, hyped or printed name of registored agent and take if applicable (NOTE: Registored Agent alignature required when reinstation) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D | 11. Pursuant to the provisions office or registered agent, agent. I am familiar with, a | | | [8 | 32 | Street Addre | ess (P.O. Box Number is Not Acceptable) |
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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | nted name of registered agent and title if | applicable (NOTE | Registered A | gent s | signature required | d when reinstating) DATE |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

813 272-3066 127 360-2623