
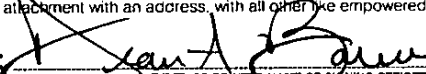


FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90140 036 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000007247			
1. Entity Name ATHLETIC TRAINING SYSTEMS, INC.			
Principal Place of Business 32572 US 19 N PALM HARBOR, FL 34684		Mailing Address 32572 US 19 N PALM HARBOR, FL 34684	
2. Principal Place of Business - No P.O. Box # 1984 S. Pinellas Ave Suite, Apt. #, etc. Unit 5 Tarpon Springs, FL Zip 34689 Country Pinellas		3. Mailing Address 1984 S. Pinellas Ave Suite, Apt. #, etc. Unit 5 Tarpon Springs, FL Zip 34689 Country Pinellas	
4. FEI Number 59-3357100		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUER, DEAN 1986 CASTILLE DR PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent	
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: _____ DATE: _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, DEAN 1986 CASTILLE DR PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: 		Date: 4.9.08 Daytime Phone #: 727-937-8200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	