

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000068836</b>			
1. Entity Name PLAYOFF SPORTS CAFE, INC.			
Principal Place of Business 1100 9TH ST. NORTH NAPLES, FL 34102	Mailing Address 1000 MARKET STREET BUILDING ONE PORTSMOUTH, NH 03801		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3608605	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  CRITCHFIELD, RICHARD H 1100 LINTON BOULEVARD SUITE C-4 DELRAY BEACH, FL 33444		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000675258 03/30/07-80053-013 150.00
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALSH, MICHAEL P 1001 E ATLANTIC AVE. DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALSH, MARK T 1001 E ATLANTIC AVE. DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ADE, RICHARD C 1000 MARKET STREET, BUILDING ONE PORTSMOUTH, NH 03801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1001 E ATLANTIC AVE. DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		11/9/07	(603) 559-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard C. Ade, EVP		Date	Daytime Phone #