

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102158

Entity Name: ALL SPORTS CHILDCARE, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

4213 NW 88TH AVE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4213 NW 88TH AVE
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0818451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAGER, LISA
9550 NW 46TH STREET
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: MAUGHN, DAVID
Address: 11840 N.W. 39TH STREET
City-St-Zip: SUNRISE, FL 33323

Title: PTD () Delete
Name: GAGER, LISA
Address: 9450 NW 46TH ST
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LISA GAGER

Electronic Signature of Signing Officer or Director

PRES

04/22/2005

Date