

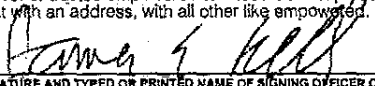


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000004710</b>		
1. Entity Name ALW SPORTS MANAGEMENT, INC.		
Principal Place of Business 277 ROYAL POINCIANA WAY STE 135 PALM BEACH, FL 33480	Mailing Address 3473 SATELLITE BLVD. SUITE 211 DULUTH, GA 30096	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01122006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3488342
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  GEIGER, ALLAN T 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207		<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 resigning) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ARTHUR L JR 277 ROYAL POINCIANA WAY, STE 135 PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KELLY, JAMES E 3473 SATELLITE BLVD., SUITE 211 DULUTH, GA 30096	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEED, PAULA 3473 SATELLITE LBVD., SUITE 211 DULUTH, GA 30096	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  James E. Kelly		1-16-06 770 813 0090
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>