

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040822

FILED  
Jun 01, 2005  
Secretary of State

Entity Name: LIFE LONG BOWLING PRODUCTS INC.

## Current Principal Place of Business:

6740 TOWER DR.  
HUDSON, FL 34667 US

## New Principal Place of Business:

## Current Mailing Address:

6740 TOWER DR  
HUDSON, FL 34667 US

## New Mailing Address:

FEI Number: 59-3514525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSETTA, CASSANDRA  
5041 LOFTON DRIVE  
NEW PORT RICHEY, FL 34652 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASSETTA, CASSANDRA  
Address: 5041 LOFTON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: LANZETTA, VINCENT JR.  
Address: 5041 LOFTON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Delete  
Name: WALL, SEAN D  
Address: 5105 MOOG RD  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CASSANDRA CASSETTS

D

06/01/2005

Electronic Signature of Signing Officer or Director

Date