2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2005 08:00 AM DOCUMENT # P9900005905 **Secretary of State** 1. Entity Name SPORTS PROS. INC. Principal Place of Business Mailing Address 2911 164TH AVE. NORTH 2911 164TH AVE, NORTH CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3553296 Not Applicable Zip Country Ziα Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUNKER, ANDREA B Street Address (P.O. Box Number is Not Acceptable) 2911 164TH AVE. NORTH CLEARWATER FL 33760 City Zip Code FL 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete THILE Change ☐ Addition BUNKER, ANDREA B NAME NAME 2911 164TH AVE. NORTH STREET AUDRESS STREET ADDRESS CLEARWATER FL 33760 CHY-ST 7/P CHY-St ZIP Change ☐ Addition DITE ☐ Delete TITLE U00000301280 Change 04/13/05-80025-023 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CLEY - ST - ZIE mu ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-71P CITY-ST-ZIP HILE TITLE Delete Change Addition NAME NAME STREET ADORESS STREET ADDRESS City-St-ZiP CITY-ST-7IP HILE Delete THEF ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. MP MLE Delete HE Change ___ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

rea B. Bunker 4/11/05

FILED