2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000023143

Entity Name

FORMULA SPORTYN, INC.



Principal Place of Business

6412 NORTH UNIVERSITY DRIVE

STE 116 TAMARAC, FL 33321 Mailing Address

6412 NORTH UNIVERSITY DRIVE STE 116

TAMARAC, FL 33321

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90372 025 ***150.00

40074302



04182006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0932474

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, MARTA O 6412 NORTH UNIVERSITY DR SUITE 116 TAMARAC, FL 33321

CITY-ST-ZIP

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

The above named entity submit the obligations of registered actions. SIGNATURE	its this statement for the purp gent.	ose of changing its registered	office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
Signature, typed or printed	name of registered agent and title if app	licable (NQTE Registered A	gent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financia Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTO	RS		
TITLE PVDT TORRRES, MAF STREET ADDRESS 6412 NORTH UI CHY-S1-ZIP TAMARAC, FL	NIVERSITY DR., SUITE#	1116		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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 repeiver of 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR