2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Name										
MULLIGA	AN'S FAMILY SPORTS PUI				2007 APR	-6 Pi	1 4: 28			
į.	e of Business	Mailing Address	Mailing Address			SECDET	'ADV or	י יייראידי ב		
		1007 BALLINGER RD. Lutz, Fl. 33548			SECRETARY OF STATE TALLAHASSEE.FLORIDA					
Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03	142007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State	City & State		FEI Number 59-3610			_ 	plied For Applicable	
Zip	Country	Zip	Country			f Status Desired		\$8.75 Add Fee Required	itional	
6. Name and Address of Current Registered Agent			Nama	7. Name and Address of New Registered Agent						
VAN VORIS, JOHN I				Name						
SUITE 140			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33601			City				FL	Zip Code	•	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Trust Fund Contrib			· -	\$5.00 Added to						
10.	OFFICERS AND		11.	ΑC	DITIONS/C	HANGES TO OFF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME	VP SCHULTE, CHRISTIAN A	Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1202 E. NORTH STREET TAMPA, FL 33604		STREET ADDRESS			20097 /070103		**61.	25	
TITLE	PS	☐ Delete	TITLE					☐ Change	Addition	
NAME OVERBECK, CHRISTOPHER K STREET ADDRESS 1007 BALLINGER RD.			NAME Street address							
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP							
TITLE NAME	T OVERBECK, NICHOLAS K	Delete	TITLE					☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP							
TITLE NAME				V0				_		
		☐ Delete	TITLE NAME	VPT Teres	a Dve	sheck		☐ Change	Addition	
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CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated	certify that the information supplied with on this report or supplemental report in poration or the receiver or fruster-graduress, or on an attagrangent with an address.	☐ Delete ☐ Delete ☐ belete h this filing does not qualify for t	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS CITY-SI-ZIP the exemptions consideration and the second to the	ve the same	legal effect	ac if made under .	aath: that La	☐ Change ☐ Change	Addition Addition	
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