

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2008
Secretary of State**

DOCUMENT# N05000006378

Entity Name: I9 SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

1723 S. KINGS AVENUE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

1723 S. KINGS AVENUE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-3150304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIUME, FRANK V.CEO
1723 S KINGS AVE
BRANDON, FL 33511 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIUME, FRANK V
Address: 1723 S. KINGS AVENUE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: FIUME, NADINE
Address: 1723 S. KINGS AVENUE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: ARMELLINO, KIM
Address: 1723 S. KINGS AVENUE
City-St-Zip: BRANDON, FL 33511

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK V. FIUME

CEO

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date