


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90077 026 ***150.00

DOCUMENT # P95000065790

1. Entity Name
 ALL SPORTS USA, INC.



Principal Place of Business
 3831 W VINE ST
 #67
 KISSIMMEE, FL 34741

Mailing Address
 7111 GRAND NATIONAL DRIVE
 SUITE 100
 ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

40062651



04032007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3332508

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIDDIQUI, SHAHAB
 6220 MEREDITHERIN LANE
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIDDIQUI, SHAHAB			NAME			
STREET ADDRESS	7111 GRAND NATIONAL DRIVE #100			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP			
TITLE	VPF	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIDDIQUI, MOHMMAD MOHTAS			NAME			
STREET ADDRESS	7111 GRAND NATIONAL DR #100			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIDDIQUI, FAIZA			NAME			
STREET ADDRESS	7111 GRAND NATIONAL DR #100			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				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 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 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: *Shahab Siddiqui* **SHAHAB SIDDIQUI** *04/16/07* **04-352-5880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #