


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000050042
 1. Entity Name
 X-SPORT, INC. GLOBAL DISTRIBUTION NETWORKS



| | |
|--|---|
| Principal Place of Business 430 WATSON DRIVE INDIALANTIC, FL 32903 | Mailing Address 218 E EAU GALLIE BLVD PMB #6 INDIAN HARBOUR BC, FL 32937 |
|--|---|

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01232006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3579506 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 FRESE, GARY B
 930 S. HARBOR CITY BLVD.
 SUITE 505
 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ODEIDE, FABRICE 430 WATSON DRIVE INDIALANTIC, FL 32903 |
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 02/09/06-80066-016 150.00

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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 registrar 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: Fabrice Odeide **JAN 23 2006** 321-728-746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #