## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2005 08:00 AM Secretary of State **DOCUMENT # J35619** REBEL, INC. Principal Place of Business Mailing Address 4600-46TH AVENUE 4600-46TH AVENUE P. O. BOX 276 P. O. BOX 276 CORTEZ, FL 34215 CORTEZ, FL 34215 No Chg-P CR2E034 (10/03) 04252005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2819950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELL, DOUGLAS DO NOT WRITE 8708 50TH AVE.W. BRADENTON, FL 34210 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000361394 BELL, WALTER T. NAME 05/05/05-80076-001 1950.00 12115 45 AVE W STREET ADDRESS CITY-ST-ZIP CORTEZ, FL TITLE BELL, CALVIN E. NAME 12115 45 AVE W STREET ADDRESS CORTEZ, FL CITY-ST-ZIP ST BELL, CARL D. NAME STREET ADDRESS 8708 50 AVE W DO NOT WRITE BRADENTON, FL CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**FILED**