2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009903

Entity Name: REBELS SPORTS INC.

FILED Feb 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10485 LUCAYA DRIVE 3041 MARBLE CREST DR TAMPA, FL 33647 LAND O LAKES, FL 34638

Current Mailing Address: New Mailing Address:

10485 LUCAYA DRIVE 3041 MARBLE CREST DR TAMPA, FL 33647 LAND O LAKES, FL 34638

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DESAI, PRASHANT B

10485 LUCAYA DRIVE

TAMPA, FL 33647 US

DESAI, PRASHANT B

3041 MARBLE CREST DR

LAND O LAKES, FL 34638 US

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: PRASHANT DESAI 02/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 DESAI, PRASHANT B
 Name:
 DESAI, PRASHANT B

 Address:
 10485 LUCAYA DRIVE
 Address:
 3041 MARBLE CREST DR

 City-St-Zip:
 TAMPA, FL 33647 US
 City-St-Zip:
 LAND O LAKES, FL 34638 US

Title: VP () Delete Title: () Change () Addition

 Name:
 PURANIK, AVINASH
 Name:

 Address:
 4711 S HIMES AVE #1716
 Address:

 City-St-Zip:
 TAMPA, FL 33611 US
 City-St-Zip:

Title: TRES () Delete Title: () Change () Addition

 Name:
 MAHADEVIAH, YOGESH
 Name:

 Address:
 190 112TH AVE N, #1011
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33716 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PRASHANT DESAI P 02/23/2007