2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N93000003641

Entity Name: NORTHEAST REBELS FOOTBALL CLUB, INC.

Current Principal Place of Business:

4891 NE 2ND AVE
FT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1020 SE 9TH AVE.
POMPANO BEACH, FL 33060 US

New Mailing Address:

4891 NE 2ND AVE
FT LAUDERDALE, FL 33334 US

FEI Number: 65-0479441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, CAROL
1020 SE 9TH AVENUE
POMPANO BEACH, FL 33060 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: PD ( ) Delete
Name: KUBLICKIS, ALEX
Address: 274 TROPIC DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S ( ) Delete
Name: SMITH, SHAWN
Address: 2116 NE 44TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T ( ) Delete
Name: CHEVY, JOSEPH
Address: 222 BOMBAY AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHARLIE, MEYER
Address: 2116 N.E. 44TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S (X) Change ( ) Addition
Name: MARISOL, COOKE
Address: 340 N.W. 52ND COURT
City-St-Zip: OAKLAND PARK, FL 33309

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: CHARLIE MEYER PD 01/20/2009

Electronic Signature of Signing Officer or Director Date