2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 24, 2008 08:00 AM Secretary of State **DOCUMENT # P01000052539** B UNIQUE SPORTS & APPAREL, INC. Principal Place of Business Mailing Address 201 CAPITOL CT 201 CAPITOL CT OCOEE, FL 34761 OCOEE, FL 34761 CR2E034 (11/05) 04182008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3759802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HORTON, BILL W ESQ DO NOT WRITE 219 NORTH MAGNOLIA AVE. ORLANDO, FL 32801 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 orinted game of registered agent and title if applicable. (NOTE: Registrated Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BOYCE, REBECCA J NAME STREET ADDRESS 1739 THOROUGHBRED DR. 05/14/08-80007-004 150.00 GOTHA, FL 34734 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARIE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this thing 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 profable 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 the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/08 407 905 91046 Option Priore #