


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000090242

1. Entity Name
REBEL PROPERTIES, CORP.



Principal Place of Business - Mailing Address
4911 N.E. 9TH AVENUE - **4911 N.E. 9TH AVENUE**
FORT LAUDERDALE FL 33334 - **FORT LAUDERDALE FL 33334**



2. Principal Place of Business - Suite, Apt. #, etc.
 3. Mailing Address - Suite, Apt. #, etc.

City & State - City & State
 Zip - Country - Zip - Country

4. FLI Number **59-2173250** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
THOMPSON, RAYMOND L
4911 NE 9TH AVE
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD THOMPSON, RAYMOND L 4911 N.E. 9TH AVENUE FORT LAUDERDALE FL 33334 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VSTD THOMPSON, LORENE 4911 N.E. 9TH AVENUE FORT LAUDERDALE FL 33334 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|---|--|---------------------------------|------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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 02/24/06-80054-001 300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE: R. L. Thompson 10 Feb 06 954-491-3759