


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000109574 1. Entry Name SPORTS DEN BILLIARDS, INC.	
--	---

Principal Place of Business 1270 SAXON BLVD STE #104 ORANGE CITY, FL 32763	Mailing Address 1270 SAXON BLVD STE #104 ORANGE CITY, FL 32763
--	--

DO NOT WRITE IN THIS SPACE

FILED
Sep 05, 2008 08:00 AM
Secretary of State

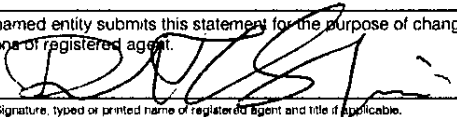


09032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0202114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SARDONINI, DAVID 1270 SAXON BLVD STE #104 ORANGE CITY, FL 32763

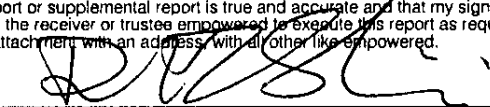
DO NOT WRITE IN THIS SPACE

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 9-2-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARDONINI, DAVID 1270 SAXON BLVD STE #104 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000959126 09/05/08-80003-016 558.75</p> DO NOT WRITE IN THIS SPACE
--

12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  9-2-08 407-312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
--