

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028399

FILED
Jul 25, 2007
Secretary of State

Entity Name: THE OUTFIELD SPORTS NOVELTY GIFTS INC.

Current Principal Place of Business:

8140 BELVEDERE ROAD
UNIT #3
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

2963 FONTANA PLACE
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

8140 BELVEDERE ROAD
SUITE #1
WEST PALM BEACH, FL 33411 US

New Mailing Address:

8140 BELVEDERE ROAD
SUITE #1
WEST PALM BEACH, FL 33411 US

FEI Number: 20-2432767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AXELBERD, MICHAEL
2963 FONTANA PLACE
ROYAL PALM BEACH, FL 33411 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AXELBERD, MICHAEL
Address: 2963 FONTANA PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP () Delete
Name: AXELBERD, MICHAEL
Address: 2963 FONTANA PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: T () Delete
Name: AXELBERD, MICHAEL
Address: 2963 FONTANA PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: S () Delete
Name: AXELBERD, MICHAEL
Address: 2963 FONTANA PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D () Delete
Name: AXELBERD, MICHAEL
Address: 2963 FONTANA PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D () Delete
Name: AXELBERD, JOETTE
Address: 2963 FONTANA PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL AXELBERD

PRES

07/25/2007

Electronic Signature of Signing Officer or Director

Date