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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90164 049 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000127651

1. Entity Name
THE SPORTS FANATIC INC.

Principal Place of Business	Mailing Address
14942 TAMIAMI TRAIL UNIT L NORTH PORT, FL 34287 US	14942 TAMIAMI TRAIL UNIT L NORTH PORT, FL 34287 US

04272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1090 Innovation Avenue	1090 Innovation Ave
Suite, Apt. #, etc. Unit A110	Suite, Apt. #, etc. Unit A 110
City & State North Port FL	City & State North Port FL
Zip 34289 Country US	Zip 34289 Country US

4. FEI Number 20-3469901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARA HAAS,CPA,PA 6151 LAKE OSPREY DR SUITE 337 SARASOTA, FL 34240	Name: DANA L ONEIL Street Address (P.O. Box Number is Not Acceptable) 3833 CABALLERO AVENUE City: NORTH PORT FL Zip Code: 34286

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: X Dana O'Neil PRESIDENT DANA O'NEIL X 4/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'NEIL, DANA L 3833 CABALLERO AVENUE NORTH PORT, FL 34286	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'NEIL, MICHAEL J 3833 CABALLERO AVENUE NORTH PORT, FL 34286	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Dana O'Neil PRESIDENT DANA O'NEIL X 4/29/08 941-429-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #