


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 044 ***158.75

DOCUMENT # P96000016184 1. Entity Name RGD SPORTS, INC.	
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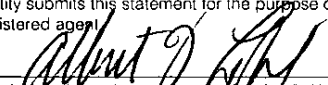
Principal Place of Business 837 WATERWAY PL 102 LONGWOOD, FL 32750	Mailing Address 837 WATERWAY PL 102 LONGWOOD, FL 32750
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2. Principal Place of Business - No P.O. Box # 107 Commerce Way Suite, Apt. #, etc.	3. Mailing Address 107 Commerce Way Suite, Apt. #, etc.
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City & State Sanford FL	City & State Sanford FL
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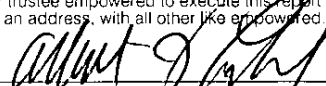
Zip 32771	Country Seminole	Zip 32771	Country Seminole
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6. Name and Address of Current Registered Agent RUSSO, ROBERT G D 109 COMMERCE ST #1101 LAKE MARY, FL 32746	7. Name and Address of New Registered Agent Name Albert J Light Street Address (P.O. Box Number is Not Acceptable) 107 Commerce Way City Sanford FL Zip Code 32771
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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  Albert J Light Pres DATE 4/10/07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLORUSSO, ROBERT G 505 WEKIVA SPRINGS ROAD #800 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert G DellorUSSO Change <input type="checkbox"/> Addition 531 CadisCO WAY Sanford FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, ALBERT J 837 WATERWAY PL LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Albert J Light <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Forest View Ct Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Albert J Light 4/10/07 3213972072