


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90218 008 ***150.00

DOCUMENT # P97000059739	
1. Entity Name HNS SPORTS GROUP, INC.	

Principal Place of Business 11780 U.S. HIGHWAY ONE SUITE 500 NORTH PALM BEACH, FL 33408 US	Mailing Address 11780 U.S. HIGHWAY ONE SUITE 500 NORTH PALM BEACH, FL 33408 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40083913

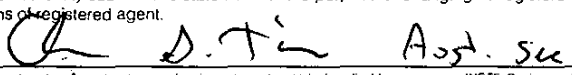


04112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0769411	Applied For <input type="checkbox"/> Not Applicable
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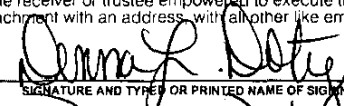
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FHS CORPORATE SERVICES, INC. 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name: Haile Shaw & Pfaffenberger, P.A. Street Address (P.O. Box Number is Not Acceptable) 660 U.S. Highway One Suite 300 City: North Palm Beach FL Zip Code: 33408
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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 	DATE 4-17-07

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 NICKLAUS, STEVEN C 11780 U.S. HIGHWAY ONE, SUITE 500 NORTH PALM BEACH, FL 33408 <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	DP HINES, JOHN G 11780 US HIGHWAY ONE, SUITE 500 N PALM BEACH, FL 33408 <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	AS DOTY, DONNA 11780 U.S. HIGHWAY ONE, SUITE 500 NORTH PALM BEACH, FL 33408 <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	Treasurer John Jankovic 11780 U.S. Highway One, Suite 500 North Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" 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: 	DATE: 4-11-07 DAYTIME PHONE: 561-227-0320