

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073572

FILED
Feb 06, 2006
Secretary of State

Entity Name: REBOUND ENTERPRISES, INC.

Current Principal Place of Business:

1005 POLK ST.
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1005 POLK ST.
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3470860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, CARL J
1005 POLK ST.
BARTOW, FL 33830 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BURGESS, CARL J
Address: 1005 POLK ST
City-St-Zip: BARTOW, FL 33830

Title: VPO () Delete
Name: HOLLOWAY, CHRISTY P
Address: 1005 POLK ST
City-St-Zip: BARTOW, FL 33830

Title: CFO () Delete
Name: BURGESS, LOUIS A
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

Title: VP () Delete
Name: DIXON, ANDRE
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

Title: DIR () Delete
Name: WATKINS, JAMES
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

Title: PR () Delete
Name: STEPHENS, RUFUS
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPM (X) Change () Addition
Name: BURGESS, LOUIS A
Address: 1005 POLK STREET
City-St-Zip: BARTOW, FL 33830

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

Title: () Change () Addition
Name:
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 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: CHRISTY HOLLOWAY

VPO

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date