## 2005 FOR PROFIT CORPORATION

## FILED May 03, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000065351 1. Entity Name KASSEL SPORTS, INC. Principal Place of Business Mailing Address %BERNGARD & ASSOCIATES %BERNGARD & ASSOCIATES 6421 CONGRESS AVE 100 6421 CONGRESS AVE 100 BOCA RATON, FL 33487 BOCA RATON, FL 33487 CR2E034 (10/03) 04212005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0852637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KASSEL, TERRY S DO NOT WRITE % BERNGARD 6421 CONGRESS AVE STE 100 IN THIS SPACE BOCA RATON, FL 33487 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KASSEL, TERRY E %BERNGARD & ASSOCIATES 6421 CONGRESS AVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 — U00000359490 05/04/05-80158-011 150.00 THILE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_

STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

9-960-0359