2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2006 08:00 AM **DOCUMENT # P98000106155 Secretary of State** SPORTING PROPERTIES, INC. Principal Place of Business Mailing Address 12000 US HWY 19 N. 12000 US HWY 19 N. CLEARWATER, FL 33764 200 CLEARWATER, FL 33764 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0886366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARELLEK, STEVEN DO NOT WRITE 700 S. FEDERAL HWY **STE 200** IN THIS SPACE BOCA RATON, FL 33432 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 U00000402285 Trust Fund Contribution. Added to Fees 03/06--80002-003 150 **0**0 10. OFFICERS AND DIRECTORS TITLE NAME MARTENFELD, EDWARD 86 GUUIDED CT #23, ETOBICOKE STREET ADDRESS CITY-ST-ZIP ONTARIO, CANADA, m9v 4k6 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information inclicated 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:

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE AND TYPED OR TRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-06

FILED

Daytime Phone #