

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90140 032 ***150.00

DOCUMENT # S27360 1. Entity Name BLB SPORTS, INC.					
Principal Place of Business 5944 34TH STREET NORTH #34 ST. PETERSBURG, FL 33714-1121			Mailing Address 5944 34TH STREET NORTH #34 ST. PETERSBURG, FL 33714-1121		
2. Principal Place of Business - No P.O. Box # 5661 34th St N		3. Mailing Address 5661 34th St N			
Suite, Apt. #, etc. St. Petersburg FL		Suite, Apt. #, etc. 5661 34th St N		02192008 Chg-P CR2E034 (12/08)	
City & State St. Petersburg FL		City & State St. Petersburg FL		4. FEI Number 59-3063930	
Zip 33714		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURT, HANS 5944 34TH STREET NORTH #34 ST. PETERSBURG, FL 33714-1211				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5661 34th St N City St. Petersburg FL Zip Code 33714	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURT, HANS 5944 34TH STREET NORTH # 34 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5661 34th St N St. Petersburg, FL 33714	
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	
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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: <u><i>Hans Burt</i></u> Hans Burt			Date <u>4/22/08</u> Daytime Phone # <u>727-526-9144</u>		