

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # V20172		
1. Entity Name SPORTS LEGENDS PHOTOS, INC.		

Principal Place of Business 466 HOLIDAY DRIVE HALLANDALE, FL 33009	Mailing Address PO BOX 2008 HALLANDALE, FL 33008
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2. Principal Place of Business - No P.O. Box # <b>466 HOLIDAY DRIVE</b>	3. Mailing Address <b>466 HOLIDAY DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HALLANDALE, FL</b>	City & State <b>HALLANDALE, FL</b>
Zip <b>33009</b>	Country <b>U.S.A.</b>
Zip <b>33009</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent  ROSENBERG, ARTHUR J. 466 HOLIDAY DRIVE HALLANDALE, FL 33009	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b>
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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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 ROSENBERG, ARTHUR J. 466 HOLIDAY DR. HALLANDALE, FKL,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, CAROLE F. 466 HOLIDAY DR. HALLANDALE, FKL,	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
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
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: Arthur Rosenberg ARTHUR J. ROSENBERG JUNE 8, 2007 954-454-7355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Jun 12, 2007 8:00 am  
Secretary of State**

06-12-2007 90110 014 \*\*\*150.00



05252007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0328834</b>	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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FL Zip Code

Date Daytime Phone #