

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058686

FILED
Apr 29, 2008
Secretary of State

Entity Name: 365 SPORTS INC.

Current Principal Place of Business:

8711 WOODMONT LANE
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8711 WOODMONT LANE
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 26-0202967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, RICHARD
8711 WOODMONT LANE
PORT RICHEY, FL 34668 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: TREA () Delete
Name: SEYMOUR, MARSHA
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: DIR () Delete
Name: SEYMOUR, MARSHA
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: P () Delete
Name: SEYMOUR, RICHARD
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: DIR () Delete
Name: SEYMOUR, RICHARD
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: DIR () Delete
Name: FOSTER, LAURA
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

Title: DIR () Delete
Name: FOSTER, DANIEL
Address: 103 OAKPOND COURT
City-St-Zip: CARY, NC 27513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: MARSHA L. SEYMOUR

Electronic Signature of Signing Officer or Director

TREA

04/29/2008

Date