

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Oct 13, 2006  
Secretary of State**

DOCUMENT# 712892

Entity Name: PORT ST LUCIE LITTLE LEAGUE, INC.

**Current Principal Place of Business:**P.O.BOX 8055  
PORT ST LUCIE, FL 34985 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 8055  
PORT ST LUCIE, FL 349858055 US**New Mailing Address:**

FEI Number: 59-2156222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**TURNER, CATHERINE  
2289 SW LEITHGOW STREET  
PORT ST LUCIE, FL 34985 US**Name and Address of New Registered Agent:**REES, MIKE  
1161 SE PARRISH CT.  
PORT ST LUCIE, FL 34952 US

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: MIKE REES

10/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: V ( ) Delete  
Name: HENTZ, DAVID  
Address: 2549 SW CARPENTER ST  
City-St-Zip: PT. ST. LUCIE, FL 34984Title: DP ( ) Delete  
Name: SHABARECK, GEORGE  
Address: 334 SE STRAIT AVENUE  
City-St-Zip: PT. ST. LUCIE, FL 34983Title: V ( ) Delete  
Name: STONE, BRIAN  
Address: 603 SE BETH COURT  
City-St-Zip: PT ST LUCIE, FL 34984Title: TD ( ) Delete  
Name: CATHERINE, TURNER  
Address: 2289 LEITHGOW ST  
City-St-Zip: PORT SAINT LUCIE, FL 34952Title: SO ( ) Delete  
Name: MALONE, SCOTT  
Address: 2013 SE NEW YORK STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: V (X) Change ( ) Addition  
Name: O'BRIEN, MIKE  
Address: 1648 SE BURGUNDY LN.  
City-St-Zip: PT. ST. LUCIE, FL 34952Title: DP (X) Change ( ) Addition  
Name: REES, MIKE  
Address: 1161 SE PARRISH CT.  
City-St-Zip: PT. ST. LUCIE, FL 34952Title: TD (X) Change ( ) Addition  
Name: DORAN, HEATHER  
Address: 1950 SE BENEDICTINE ST.  
City-St-Zip: PT ST LUCIE, FL 34983Title: SO (X) Change ( ) Addition  
Name: BISCHONE, JANINE  
Address: 511 SE BERRY AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34984Title: EXO (X) Change ( ) Addition  
Name: MALONE, WILL  
Address: 1181 SE MENORES LN.  
City-St-Zip: PORT ST. LUCIE, FL 34952Title: EXO ( ) Change (X) Addition  
Name: ESHELMAN, BILL  
Address: 1538 SE CORVAIR CT.  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE REES

DP

10/13/2006

Electronic Signature of Signing Officer or Director

Date