
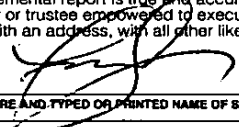


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90001 017 ****70.00

DOCUMENT # 758860					
1. Entity Name NATIONAL ALLIANCE FOR YOUTH SPORTS, INC.					
Principal Place of Business 2050 VISTA PARKWAY WEST PALM BEACH, FL 33411 US			Mailing Address 2050 VISTA PARKWAY WEST PALM BEACH, FL 33411 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2134374	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENGH, FREDERIC C 2050 VISTA PARKWAY WEST PALM BCH, FL 33411			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 10			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENGH, FREDRIC C	NAME			
STREET ADDRESS	200 MIRAMAR WAY	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP			
TITLE	DVPC <input type="checkbox"/> Delete	TITLE	DVPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIERSCHIED, ROBERT C.	NAME	Bierscheid, Robert C.		
STREET ADDRESS	1179 SKILLMAN AVE., W	STREET ADDRESS	300 City Hall Annex		
CITY-ST-ZIP	ROSEVILLE, MN	CITY-ST-ZIP	24 West 4th Street, Saint Paul MN 55102		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHARBERT, ROBERT	NAME	Johnston, Marty		
STREET ADDRESS	6500 SUTTON COURT	STREET ADDRESS	26 Noble Glen Drive, Savannah, GA 31406		
CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAGGETT, WILLIAM	NAME			
STREET ADDRESS	12791 PACKWOOD ROAD	STREET ADDRESS			
CITY-ST-ZIP	JUNO ISLAND, FL	CITY-ST-ZIP			
TITLE	2VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAY, MICHAEL	NAME			
STREET ADDRESS	1203 FARMCREST DRIVE	STREET ADDRESS			
CITY-ST-ZIP	UNION, KY 41091	CITY-ST-ZIP			
TITLE	3VPD <input checked="" type="checkbox"/> Delete	TITLE	3VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOHNSTON, MARTY	NAME	Nakamura, Brian		
STREET ADDRESS	3033 WHITENARAH WAY	STREET ADDRESS	19672 Capital Peak Lane		
CITY-ST-ZIP	SAVANNAH, GA 31410	CITY-ST-ZIP	Riverside, CA 92522		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 		Fredric C. Engh		1-4-05 561-684-1141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	