


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-10-2006 90030 013 \*\*\*\*\*70.00  
758860

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TALLAHASSEE, FLORIDA

<b>DOCUMENT # 758860</b>					
1. Entity Name <b>NATIONAL ALLIANCE FOR YOUTH SPORTS, INC.</b>					
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		
Zip		Country	Zip		Country
4. FEI Number 59-2134374				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERSCHIED, ROBERT C.		NAME		
STREET ADDRESS	300 CITY HALL ANNEX		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55102		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, MARTY		NAME		
STREET ADDRESS	26 NOBLE GLEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31406		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 type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAMURA, BRIAN		NAME		
STREET ADDRESS	19672 CAPITAL PEAK LANE		STREET ADDRESS	City Hall	
CITY-ST-ZIP	RIVERSIDE, CA 92522		CITY-ST-ZIP	1717 Ninth Street Reedley, CA 93654	
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 817, 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: _____		President and CEO		2-6-06 561-684-1141	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date		Daytime Phone #	