2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Jan 19, 2006 8:00 am **Secretary of State** DOCUMENT # N04000006852 01-19-2006 90080 031 ****70.00 METRO YOUTH SPORTS, INC. Principal Place of Business Mailing Address **578 WILMER AVENUE SUITE C** 578 WILMER AVENUE SUITE C ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business. 4301 KIRKLAND BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 03-0400732 City & State Applied For DRLANPO ELORIDA ORLANDO Not Applicable Country Country ORANGE \$8.75 Additional 5. Certificate of Status Desired RANGE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHARLTON, ISAIAH III 578 WILMER AVENUE SUITE C Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32808 4301 KIRKLAND BLUD. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the 80th of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Due by May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Addition ☐ Delete TITLE Change CHARLTON, ISAIAH III NAME NAME STREET ADDRESS 4301 KIRKLAND BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP TRES TITLE ☐ Delete ☐ Change ■ Addition ASHLEY, CORALEE B NAME NAME 2767 WHISPER LAKE CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition STEPHENS, ELONDA NAME NAME STREET ADDRESS 2292 WAUTOMA PL STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-7IP TITI F ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TIT) F ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 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.

FILED