2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 10, 2007 8:00 am Secretary of State

DOCUMENT # N0600000473 1. Entity Name CORE BASEBALL ATHLETICS, INC.					D-10-2007 90003 (00
Principal Place of Business 1637 AUBURN LAKES DRIVE VIERA, FL 32955		Mailing Address 1637 AUBURN LAKES DRIVE VIERA, FL 32955			Biri 1881 1884 1884 1884 1884 1884	 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08132007 CI	ng-NP CR2E	E037 (12/06)	
City & State		City & State		4. FEI Number	4133049		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registers	d Agent	
SPIEGEL 8 1840 SW 2 4TH FLOO			Name Street Address	(P.O. Box Number is Not Acceptable)			
MIAMI, FL			City			■ Zip Code	e
					F	' L _'	
the above	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a	Couler	gistered office or regist	-	the State of Florida. Ta	3/07	and accept
Filing Fee Is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution.					
D				\$5.00 May Be Added to Fees	Make che Florida Dep	eck payable to partment of St	o ate
10.		Trust Fund Con		Added to Fees	Make che Florida Dep ES TO OFFICERS AND	partment of St	tate
	ue by September 14, 2007	Trust Fund Con	ntribution.	Added to Fees	Florida Dep	partment of St	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PSTD COULTER, CHRISTOPHER D 1637 AUBURN LAKES DRIVE	Trust Fund Con	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Dep	DIRECTORS IN	iate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF PSTD COULTER, CHRISTOPHER D 1637 AUBURN LAKES DRIVE VIERA, FL 32955 D COULTER, REBECCA M 1637 AUBURN LAKES DRIVE	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Dep	DIRECTORS IN Change	1 10 Addition
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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 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daysime Phone #