2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 13, 2007 8:00 am Secretary of State

DOCUMENT # N06000006349 1. Entity Name BAD BOYS BASEBALL INC				07-	-13-2007 900	089 047 ****61.	25	
Principal Place 6002 NW 1 S MARGATE, FL	STREET	Mailing Address 6002 NW 1 STREET MARGATE, FL 33063		1 (8.81)(8) 81(8.81)(8	81111 88111 8813 88311 8	BIII BBIIB BIIBB IIIN BIG!9 (8)		
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (12/06)		
City & State		City & State	City & State		763269	⊢	plied For LApplicable	
Zip	Country	Zip	Country	5. Certificate of St.	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Reg	istered Agent		
501411401	EZ MEGUELI		Name					
DOMINGUEZ, MITCHELL 6002 NW 1 STREET MARGATE, FL 33063			Street Address		(P.O. Box Number is Not Acceptable)			
WAROATE	1,12 33003							
			City			FL Zip Code	8	
	named entity submits this statement for itions of registered agent.	or the purpose of changing its req	gistered office or regi:	istered agent, or both, in	the State of Florid	da. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	I and title if applicable (NOTE Re	egistered Agent signature req	guired when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees		Ce check payable to a Department of Si		
D	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Florid	ce check payable to a Department of Si	tate	
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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:

SIGNATURE DOWN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Chapter Store Figure Fi