

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003228

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: ALL AMERICAN PROSPECTS BASEBALL INC.

**Current Principal Place of Business:**

5153 MISTY MORN RD.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

9130 SOUTH DADELAND BLVD  
1500  
MIAMI, FL 33156

**Current Mailing Address:**

5153 MISTY MORN RD.  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

9130 SOUTH DADELAND BLVD  
1500  
MIAMI, FL 33156

FEI Number: 20-8737306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLEMAN, GREGORY W.  
515 N. FLAGLER DR., STE. 400  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ADAMS, MIKE  
Address: 5153 MISTY MORN RD.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: SCHAEFFER, FRANK  
Address: 5153 MISTY MORN RD.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: LOCKWOOD, BILL  
Address: 5153 MISTY MORN RD.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: COLEMAN, GREGORY W.  
Address: 5153 MISTY MORN RD.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ARRICK, BRUCE  
Address: 9130 SOUTH DADELAND BLVD., SUITE 1500  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE ARRICK

VP

04/07/2008

Electronic Signature of Signing Officer or Director

Date