


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90103 038 \*\*\*\*61.25

<b>DOCUMENT # N41405</b> 1. Entity Name <b>SAFETY HARBOR LITTLE LEAGUE, INC.</b>	
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Principal Place of Business <b>940 7TH STREET SOUTH CITY PARK SAFETY HARBOR FL 34695 US</b>	Mailing Address <b>P.O. BOX 113 SAFETY HARBOR FL 34695</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number <b>59-3048243</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> <b>DONOVAN, DAN 28 TURNSTONE DRIVE SAFETY HARBOR FL 34695</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

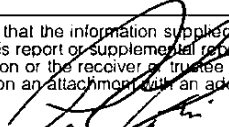
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VP	
NAME	IRVIN, HARRY	
STREET ADDRESS	1702 COUNTRY TRAILS	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	
NAME	DONOVAN, DAN	
STREET ADDRESS	28 TURNSTONE DR.	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	
TITLE	T	
NAME	CAMPORINI, PAUL	
STREET ADDRESS	1115 WOODCREST AVE	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	President		
NAME	IRVIN, HARRY		
STREET ADDRESS	1702 Country Trails		
CITY - ST - ZIP	Safety Harbor, FL 34695		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **PAUL CAMPORINI** Date: **1/28/07** Daytime Phone #: **813 261-0600**