## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2006 8:00 am Secretary of State DOCUMENT # P05000127179 03-29-2006 90131 003 \*\*\*158.75 LEAGUE FLORIDA CORP. Mailing Address Principal Place of Business 4901 PALM BEACH BLVD 7570 SIKA DEER WAY FORT MYERS, FL 33912 FORT MYERS, FL 33905 2. Principal Place of Business 3. Mailing Address 11861 Palm Beach Blud Suite, Apt. #, etc 03242006 Chg-P CR2E034 (11/05) Svite # 108 City & State Applied For Fort Myers, FLORIDA 20-34 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Chandrageet Naik NAIK, CHANDRAJEET R Street Address (PO. Box Number is Not Acceptable) 7570 Sika Deer Way 7570 SIKA DEER WAY FORT MYERS, FL 33912 3 Fort Zin Code 33912 Myers 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 | am familiar with, and accept the obligations of registered agent CHANDRAJEET NAIK (NOTE Right med Agent agnitural required when remistaring) SIGNATURE Signature typed or printed name of tag. at read agent and the 4 approache 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition NAIK, CHANDRAJEET R NAME NAME STREET ADDRESS 7570 SIKA DEER WAY STREET ADDRESS CITY ST ZIP FORT MYERS, FL 33912 CITY ST ZP VP TITLE Delete THLE ☐ Change Addition NAIK, GOPI K NAME NAME STREE! ADDRESS 4901 PALM BEACH BLVD #17 STREET ADDRESS FORT MYERS, FL 33905 CITY ST 7/P OTY S1 72 TITLE ☐ Delete TITLE Change ☐ Addition PATEL, NARENDRAKUMAR G NAM: NAME 146 TEXAS AVE STREET ADDRESS STREET ADDRESS CITY ST ZIP FORT MYERS, FL 33905 CITY ST ZIP TITLE Defete TATLE ☐ Change Addition NAME STREE! ADDRESS STREET ADDRESS CITY ST ZIP CiTY ST ZIP Delete TABLE ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE Delete TITLE Change Addition NALO NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - 7IP 12. Thereby 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 607. Florida Statutes, and that my name appears in Block 10 or Block 11 st changed, or on an attachment with an address with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED