2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State

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| DOCUMENT # N9400005543 1. Entity Name WESTERN COMMUNITIES FOOTBALL LEAGUE, INC. | | | | . I | Secretary of State 01-16-2007 90189 015 ****70.00 | | | | |
| Principal Place of Business 12207 OLD COUNTRY RD 12207 OLD COUNTRY RD WELLINGTON, FL 33414 US WELLINGTON, FL 33414 | | | us | gu- | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. ≢, etc. | | 01102007 C | thg-NP | CR2E037 (1 | 2/06) | | |
| City & State | | City & State | | 4. FEI Number 65-052523 | 36 | | - | plied For Applicable | |
| Ζίφ | Country | Zip | Country | 5. Certificate of S | Status Desired | | 75 Add Required | itional | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Ad | dress of New R | legistered Ager | 4 | | |
| ROBINSO | N DAVE | | Name | | | | | | |
| ROBINSON, DAVE 12207 OLD COUNTRY RD WELLINGTON, FL 33414 | | | Street Addres | ss (P.O. Box Number is | Not Acceptable | e) | | | |
| | | | | <u> </u> | | · | 7 0 4 | | |
| | | | City | | | FL | Zip Code | 9 | |
| | named entity submits this statement for ions of registered agent. | | istered office or regis | stered agent, or both, in | n the State of Fk | orida. I am famil | iar with, : | and accept | |
| | Signature, typed or printed name of registered agent | errol side il applicable. (NOTE: Reg | gistered Agent saymature requ | uired when reinstalling) | | DATE | | | |
| <u></u> - | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campai Trust Fund Contr | ign Financing | \$5.00 May Be Added to Fees | | DATE lake check partine | | | |
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12. I hereby certify that the information supplied with this/filing does not qualify for the exemptions contained in Chapter 149, Florida Statutes. I further certify that the information indicated on this report or supplied in structure 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 reserving to trustee empowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 inchanged, or on an attachment with an address/with all other like empowered.

SIGNATURE:

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORIECTO

10/07 561/793-5838