2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710282

FILED Mar 09, 2006 Secretary of State

Entity Name: CONWAY LITTLE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

4400 KENNEDY AVENUE ORLANDO, FL 32812 US

Current Mailing Address: New Mailing Address:

P.O. BOX 561253 ORLANDO, FL 32856

FEI Number: 23-7396676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DAVIES, KIM A 8127 LIANNA DR ORLANDO, FL 32822 US

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:

Flacture Complete of Davidson I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: T (X) Change () Addition Name: BARROWS, CARLA Title: BARROWS, CARLA

Name: BARROWS, CARLA
Address: 2134 MONASTERY CIR
City-St-Zip: ORLANDO, FL 32822

Name: BARROWS, CARLA
Address: 2134 MONASTERY CIR
City-St-Zip: ORLANDO, FL 32822

ORLANDO, FL 32822

 $\begin{tabular}{lll} Title: & VD & (X) Delete & Title: & () Change () Addition \\ \end{tabular}$

 Name:
 WILLIAMS, SCOTT
 Name:

 Address:
 5013 DENIS COURT
 Address:

 City-St-Zip:
 ORLANDO, FL 32912
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 DAVIES, KIM
 Name:

 Address:
 8127 LIANNA DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLA BARROWS T 03/09/2006