2006'NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #710436

FILED Feb 08, 2006 8:00 am Secretary of State

Pincipal Place of Business P.O. BOX 540818	SOUTHIN	MERRITT I	SLAND LITTLE L	EAGUE, INC.			02	2-08-2006 90	0010 044	****61.25	5
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1272006 Chg.NP CR2E037 (11/05)	P.O. BOX 540	0818	54 US	P.O. BOX 540818	2954 US						
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8. Certificate Situate Desired Fee Required Agent Fee Required Agent	City & State			City & State				05	-		
Name YNN Smith Street Address (P.O. Box Number is Not Acceptable)	<u> </u>			Country	5. Certificate of Status Desired F			Fee Require	ee Required		
Say Julicatives of Policy Say 11 Control Street Address (P.O. Box Number is Not Acceptable) Say Julicative Street Address (P.O. Box Number is Not Acceptable)		6. Name a	ind Address of Current	Registered Agent			7. Name and Ac	dress of New F	Registered.	Agent	
3.310 South Trepical Trail City Memitt Stand Signature 1.30 ob Signature 1.30 ob Signature 5. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the familia	53 3 JILLOTÚS S T					LYNN Smith					
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	MERRITT ISLAND, EL. 32952										
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					City	lemitt.	Tibad		FL	Zip Coo	ie C
SIGNATURE Software, typed or period name and position agains of the dispersation. (NOTE: Registered Agent signature received when remission) (NOTE: Registered Agent signature) (NOTE: Registere	8. The above the obligat	named entity ions of registe	submits this statement of				d agent, or both,	in the State of Fl	orida. Lam	1 00	~
Due by May 1, 2006	SIGNATURE .	Signature, typed or	printed name duegistered agent	Am .	: Registered Agent sign	ature required w	hen reinstating)		1/3 DATE	0/06	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	533 JILLOT MERRITT I TD DAVIS, CH 860 CARAI MERRITT I VP LACOURSI 650 JILLOT MERRITT I PA HEER, DAV 656 MILLW	RISTOPHER MBOLA DRIVE SLAND, FL 32952 E, MICHAEL US ST SLAND, FL 32952 TID HEEL-BR.	Delete Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD LYNA BAIL MET PA LOGAN ID BC MAI ID BC MAI ID BC MAI ID BC MAI ID BC	Smith South Fire Told Thompson Scrutten Thompson Scrutten Told Thompson Told Thompson Told Told Told Told Told Told Told Told	ind Fl is Drive is Drive ind Fi reaugment	32153	3.452	Addition Addition

12. Thereby certify that the information supplied with this flipt does not quality 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 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 pate

Daytime Phone #