



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90204 044 ****61.25

DOCUMENT # 721648 1. Entity Name LITTLE YANKEE BOYS' FOOTBALL LEAGUE, INC.					
Principal Place of Business 4300 NORTH UNIVERSITY DR SUITE D-106 LAUDERHILL, FL 33351			Mailing Address 4300 NORTH UNIVERSITY DR SUITE D-106 LAUDERHILL, FL 33351		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04182007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 23-7129143		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GREENBERG, JOEL E ESQ 4300 NORTH UNIVERSITY DR SUITE D-106 LAUDERHILL, FL 33351	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADEN, BETH 8280 NW 68TH TER TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kenny Nail 1811 SW 37 Terr. Ft. Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TERRILL, ROSEANN 4240 SW 20TH ST FORT LAUDERDALE, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Heidi Greenberg 2711 Forest Hill Blvd #13 Coral Springs FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, NANCY 4841 SW 12 CT FT. LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Candace Smith 9511 Stanley Ln Tamarac FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 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: <i>Candace Smith Sec</i> Candace Smith			4/18/07 954-749-0500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		