


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90054 035 ****70.00

DOCUMENT # 723438	
1. Entity Name CAPE CORAL BABE RUTH LEAGUE, INC.	

Principal Place of Business PELICAN BLVD CAPE CORAL BLVD, FL	Mailing Address POST OFFICE BOX 100711 CAPE CORAL, FL 33910
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40005690



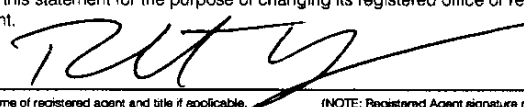
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6611978	Applied For <input type="checkbox"/> Not Applicable
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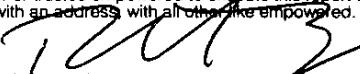
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRADY, LADONNA 1822 SW 28TH TERRACE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Robert E RYAN Street Address (P.O. Box Number is Not Acceptable) 3815 SE 15 TH PL Apt 1 City CAPE CORAL FL Zip Code 33904	
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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 	DATE 1/9/07
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- LADONNA, BRADY 1822 SW 28 TERRACE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHANACCI, TONY 3519 SE 5TH AVE CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHANACCI, TONY 3519 SE 5TH AVENUE CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Becker - Vice Pres 213 SW 35th ST. CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLICHENMEYER, KEN 3528 SW 11TH COURT CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BAUCE GORDON 4109 SURFSIDE BLVD CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN, ROBERT E 1761 FOUR MILE COVE PARKWAY #536 CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEN KING 205 SW 44TH TELL. CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINTO, MARIA 3719 PELICAN BLVD. CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOM LAUX 2504 SW 2ND TELL. CAPE CORAL FL 33991 <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	DIRECTOR TOM LINZENMEYER 2737 SW 11TH CT. CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" 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: 	Robert Ryan 1/9/07 239-440-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	