2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724277

Entity Name: FLORIDA YOUTH BASKETBALL, INC

FILED Jan 12, 2006 Secretary of State

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

2941 HICKORY CREEK DRIVE 8613 VALLEY RIDGE CT.
ORLANDO, FL 32818 US ORLANDO, FL 32818 US

Current Mailing Address: New Mailing Address:

2941 HICKORY CREEK DRIVE 8613 VALLEY RIDGE CT. ORLANDO, FL 32818 US ORLANDO, FL 32818 US

FEI Number: 23-7242596 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:

SMITH, BILL
2941 HICKORY CREEK DRIVE
SMITH, BILL
8613 VALLEY RIDGE CT.

2941 HICKORY CREEK DRIVE 8613 VALLEY RIDGE CT.
ORLANDO, FL 32818 US ORLANDO, FL 32818 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: 01/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:SMITH, BILLName:SMITH, BILLAddress:2941 HICKORY CREEK DRIVEAddress:8613 VALLEY RIDGE CT.

Address: 2941 HICKORY CREEK DRIVE Address: 8613 VALLEY RIDGE CT.

City-St-Zip: ORLANDO, FL 32818 US City-St-Zip: ORLANDO, FL 32818 US

Title: VP () Delete Title: () Change () Addition

 Name:
 GONZALEZ, ANTHONY
 Name:

 Address:
 1400 GASTON FOSTER ROAD
 Address:

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 FUSSELL, CINDY
 Name:

 Address:
 2413 S SUMMERLIN AVENUE
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:

 $\label{eq:title:DC} {\it Title:} \qquad {\it DC} \qquad (\) {\it Delete} \qquad \qquad {\it Title:} \qquad {\it DC} \qquad (\it X) {\it Change} \ (\) {\it Addition}$

 Name:
 CALLIHAN, RON
 Name:
 CALLIHAN, KELLY

 Address:
 1121 LUCERNE AVENUE
 Address:
 1121 LUCERNE AVENUE

 City-St-Zip:
 HAINES CITY, FL
 City-St-Zip:
 HAINES CITY, FL

Title: DC () Delete Title: DC (X) Change () Addition

 Name:
 OSBOURNE, RON
 Name:
 OSBORNE, RON

 Address:
 1121 LUCERNE AVENUE
 Address:
 1121 LUCERNE AVENUE

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: DCD () Delete Title: DCD (X) Change () Addition

Name:WESTON, RHONDYName:WILSON, MICHAELAddress:649 W LIVINGSOTN AVENUEAddress:649 W LIVINGSTON AVENUECity-St-Zip:ORLANDO, FLCity-St-Zip:ORLANDO, FL32805

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: CINDY FUSSELL STD 01/12/2006