2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731315

FILED Apr 05, 2007 Secretary of State

Entity Name: CARROLLWOOD SERVICE LEAGUE, INC.

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

P O BOX 273331 3111 SAMARA DR. TAMPA, FL 336880331 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

P O BOX 273331 TAMPA, FL 336880331

FEI Number: 59-2888671 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, MAUREEN 4633 WESTFORD CR. TAMPA, FL 33618 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SMITH, MAUREEN
 Name:
 SMITH, MAUREEN

 Address:
 4633 WESTFORD CR
 Address:
 4633 WESTFORD CR

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

 Name:
 GAMMONS, BECKY
 Name:
 ANDERSON, VICKI

 Address:
 4639 WESTFORD CIRCLE
 Address:
 3111 SAMARA DR.

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

Title: S () Delete Title: () Change () Addition

 Name:
 HARTKE, GILDA
 Name:

 Address:
 15027 ARBOR RES. CIR. #1201
 Address:

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:

Title: MD () Delete Title: () Change () Addition

 Name:
 SANTOS, JAN
 Name:

 Address:
 10320 CARROLLWOOD LN #61
 Address:

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:

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

 Name:
 MILLER, RUTH
 Name:
 HENNING, AURELIA

 Address:
 10564 GREENCREST DR.
 Address:
 4632 WESTFORD CR.

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 TAMPA, FL 33618

Title: H () Delete Title: T (X) Change () Addition

 Name:
 ROBERTS, JANICE
 Name:
 SCHUMANN, CARLA

 Address:
 913 SPRINGVILLE CT.
 Address:
 16703 SILVER MOSS DR.

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:
 TAMPA, FL 33624

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: MAUREEN SMITH VP 04/05/2007