2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743496

FILED Apr 30, 2007 Secretary of State

Entity Name: PINECREST YOUTH FOOTBALL, INC. **Current Principal Place of Business: New Principal Place of Business:** 7950 LITHIA PINECREST RD. LITHIA, FL 33547 **Current Mailing Address: New Mailing Address:** P.O. BOX 10 LITHIA, FL 33547 FEI Number: 59-2901671 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: STALLINGS, GREG 5913 JAEGERGLEN DR LITHIA, FL 33547 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STALLINGS, GREG Name: Name: Address: 5913 JAEGERGLEN DR Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition LYCOTT, GEORGE Name: Name: LYCETT, GEORGE Address: 5924 JAEGERGLEN DR Address: 5924 JAEGERGLEN DR City-St-Zip: LITHIA, FL 33547 City-St-Zip: LITHIA, FL 33547 Title: () Delete Title: (X) Change () Addition WORTH, SUSAN COGGINS, D. TRACY Name: Name: 3123 BENT CREEK DR. 15915 SORAWATER DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: LITHIA, FL 33547 Title: () Delete Title: (X) Change () Addition Name: SWILLEY, TINA Name: KLENKE, DENEEN Address: 8123 SWILLEY MEMORY LANE Address: 5608 EAGLEGLEN PLACE City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify 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: GREG STALLINGS P 04/30/2007