

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851691

FILED
Apr 23, 2008
Secretary of State

Entity Name: AMERICAN YOUTH SOCCER ORGANIZATION, INC.

Current Principal Place of Business:

12501 S ISIS
HAWTHORNE, CA 90250 US

New Principal Place of Business:

Current Mailing Address:

12501 S ISIS
HAWTHORNE, CA 90250 US

New Mailing Address:

FEI Number: 95-6205398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: NBOD () Delete
Name: HAIMES, BURT
Address: 17 CHESTER DR.
City-St-Zip: RYE, NY 10580 22

Title: NS () Delete
Name: WADE, MIKE
Address: 123 VIA GENOA
City-St-Zip: NEWPORT BEACH, CA 92663

Title: NT () Delete
Name: LACHER, STEVE
Address: 16530 VENTURA BLVD, STE 305
City-St-Zip: ENCINO, CA 91436

Title: NP () Delete
Name: MACPHAIL, PETER
Address: 4014 ONEIDA ST
City-St-Zip: NEW HARTFORD, NY 13413

Title: NBD (X) Delete
Name: STRONKS, FRANCES
Address: 7815 YORKTOWN PLACE
City-St-Zip: LOS ANGELES, CA 90045

Title: CB (X) Delete
Name: GREGORY, FRED
Address: PO BOX 1175
City-St-Zip: PALOS VERDES PENINSULA, CA 90274

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: NBOD (X) Change () Addition
Name: WADE, MICHAEL
Address: 123 VIA GENOA
City-St-Zip: NEWPORT BEACH, CA 92664

Title: NS (X) Change () Addition
Name: SCHAUER, JIM
Address: 424 E. WINDY PEAK CIRCLE
City-St-Zip: TUCSON, AZ 85704

Title: NT (X) Change () Addition
Name: STERN, JEFF
Address: 517 MADISON
City-St-Zip: GLENCOE, IL 60022

Title: VP (X) Change () Addition
Name: BERRIZ, PAULA
Address: 27207 APPALOOSA RD
City-St-Zip: SAN CLARITA, CA 91387

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL BERRIZ

VP

04/23/2008

Electronic Signature of Signing Officer or Director

Date