2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90104 039 ****70.00

DOCUMENT # F02000004581

1. Entity Name
INTERNATIONAL SOFTBALL FEDERATION, INC.

600Z1436

Principal Place of Business	Mailing Address
1900 SOUTH PARK ROAD PLANT CITY, FL 33566	1900 SOUTH PARK ROAD PLANT CITY, FL 33566

01252006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7132240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PORTER, DON E 1900 SOUTH PARK ROAD PLANT CITY, FL 33566	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PORTER, DON E 1507 PINEDALE MEADOWS CT PLANT CITY, FL 33563 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LODEWIJKS, CLOVIS M P.O. BOX 706 WILLEMSTAD, CURACAO NETHERLANDS ANTILLIES, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KUTUMELA, MATTHEWS 15117 MAMELOBI EAST, P.O. RETHABILE 0122 SOUTH AFRICA, ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARUMO MORULE P.O. BOX 319 GABORONE, BOTSWANA AFRICA ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOGLIDZE, RAMAZ 49A CHAVCHAVDEZ AVE. 380062 C. TBILISI, GEORGIA. ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MIKE JENNINGS 53 LANGLEY RD. WATFORD HERTS- U.K. WD17. 4PB ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FERNANDO, JORGE AVDA. JUAN DE G ARAY 2711 1256 BUENASD AIRES ARGENTINA, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HUANG, STEVEN S.W. 8 F NO. 71 SEC. 2, NANKING E. RD. TAIPEI, TAIWAN, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Don E Porter 1-30-06 813 864 0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #