
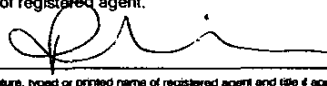
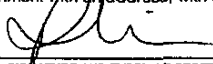


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90026 043 \*\*\*\*61.25

<b>DOCUMENT # N00000003075</b> 1. Entity Name <b>ZEPHYRHILLS BLAZE FAST PITCH SOFTBALL, INC.</b>					
Principal Place of Business <b>6343 JUNIPER AVE WEBSTER, FL 33597</b>			Mailing Address <b>6343 JUNIPER AVE WEBSTER, FL 33597</b>		
2. Principal Place of Business - No P.O. Box # <b>677 SR 50</b>		3. Mailing Address <b>677 SR 50</b>		  02082007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Webster FLA</b>		City & State <b>Webster FLA</b>			
Zip <b>33597</b>		Zip <b>33597</b>			
Country <b>United States</b>		Country <b>United States</b>		4. FEI Number <b>59-3644367</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>MILLER, PEGGY 6343 JUNIPER AVE WEBSTER, FL 33597</b>				7. Name and Address of New Registered Agent Name <b>Miller, Peggy</b> Street Address (P.O. Box Number is Not Acceptable) <b>677 SR 50</b> City <b>Webster</b> <b>FL</b> Zip Code <b>33597</b>	
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  DATE <b>2-27-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REESE, THOMAS D PRES. 5419 9TH STREET ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, PEGGY 6343 JUNIPER AVE WEBSTER, FL 33597 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>Peggy Miller</b>				Date <b>2-27-07</b> Daytime Phone # <b>813-477-9151</b>	