2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003075

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90184 040 ****70.00

1. Entity Name ZEPHYRHILLS BLAZE FAST PITCH SOFTBALL, INC.					
Principal Place of Business 677 SR 50 714 52 50 WEBSTER, FL 33597	774 52 50 677 5850 TO 52 50		· 		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			04222008 Chg-	NP CR2E037 (12/06)
776 3250 City & State F1	State City & State		4. FEI Number 59-3644367		Applied For
Debster +1 Zip Country 33597 Sumter	10ebster 33597	Country Sumter	5. Certificate of Statu	s Desired \$8	Not Applicable .75 Additional Required
- 6. Name and Address of Current			7. Name and Addres	s of New Registered Age	<u>'</u>
MILLER, PEGGY 677 SR 50 WEBSTER, FL 33597			(P.O. Box Number is Not	eggy Acceptable) Road 50	
		City	boter	FL	Zip Code 33577
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		Miller		4-25	-08
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	· · ·	\$5.00 May Be Added to Fees	Make check pa Florida Departme	-
10. OFFICERS AND DII	RECTORS Delete	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	CTORS IN 10
MILLED DECCY	STATE ROOD 50	NAME STREET ADDRESS	74 3R50 Debster 17	7 -2 <i>4</i> 222	, oneinge
CITY-ST-ZIP WEBSTER, FL 33597	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Debote it		
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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:	PRINTED NAME OF SIGNING OFFICER OF	554 Mille		-25-08 3	52-793-8032