


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004830</b> 1. Entity Name <b>EXTRA INNINGS YOUTH FOUNDATION, INC.</b>	
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Principal Place of Business 29605 US 19 N 180 CLEARWATER, FL 33761	Mailing Address 29605 US 19 N 180 CLEARWATER, FL 33761
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03172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3658694</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
MILCOWITZ, LEONARD ESQ.  
29605 US 19 N  
SUITE 180  
CLEARWATER, FL 33761

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000911363 05/07/08-80037-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILCOWITZ, LEONARD 29605 US 19 N SUITE 180 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, EDWARD J ESQ. 29605 US 19 N SUITE 180 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, MIKE PASTOR 28465 U.S. 19 N, SUITE 200 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Leonard Milcowitz **4-17-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #