2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000071

FILED May 01, 2007 Secretary of State

Entity Name: KEYSTONE LITTLE LEAGUE, INC. **Current Principal Place of Business: New Principal Place of Business:** ED RADICE SPORTS COMPLEX ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** P. O. BOX 604 ODESSA, FL 33556 FEI Number: 59-3692774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKELTON, PATRICK W 400 N. ASHLEY DR., #2300 TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NAPOLITANO, GIL Name: Name: Address: 11006 NEST COURT Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NAPOLITANO, ARLENE Name: Address: 11006 NEST COURT Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: SEC () Delete Title: SEC (X) Change () Addition GUTIERREZ, ROBYN Name: MEDINA, JENNIFER Name: 18136 GUNN HIGHWAY 26841 GLEN HAVEN ROAD Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: WESLEY CHAPEL, FL 33544 Title: () Delete Title: () Change () Addition Name: MITCHELL, LENNY Name: Address: 16219 HOLYLAKE DRIVE Address: City-St-Zip: ODESSA, FL 33556 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: ARLENE NAPOLITANO O 05/01/2007