2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001443

FILED Feb 21, 2006 Secretary of State

Entity Name: SOUTH FLORIDA SOFTBALL CRICKET ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

709 SW 9TH ST 709 SW 9TH ST

HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009-693 8

Current Mailing Address: New Mailing Address:

709 SW 9TH ST 709 SW 9TH ST

HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009-693 8

FEI Number: 75-3033374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEWKINANDAN, NEIL
709 SW 9TH ST
DEWKINANDAN, NEIL
709 SW 9TH ST

HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009-693 US

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: 02/21/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 DEWKINANDAN, NEIL
 Name:
 HUSAIN, SAL

 Address:
 709 SW 9TH ST
 Address:
 17450 SW 59TH CT

 City-St-Zip:
 HALLANDALE BEACH, FL 33009
 City-St-Zip:
 DAVIE, FL 33331

Title: T () Delete Title: VP (X) Change () Addition

 Name:
 HUSAIN, MANSUR
 Name:
 WAYNE, SMITH

 Address:
 17450 SW 59TH CT
 Address:
 9707 SW 157TH TER

 City-St-Zip:
 DAVIE, FL 33331
 City-St-Zip:
 MIAMI, FL 33157

Title: S () Delete Title: S () Change (X) Addition

 Name:
 Name:
 HISSOO, GAJADHAR

 Address:
 Address:
 7759 MADEIRA ST

 City-St-Zip:
 City-St-Zip:
 MIRAMAR, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL DEWKINANDAN RA 02/21/2006