2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N02000000708

Entity Name: CANTONMENT BASEBALL CLUB,INC.

Current Principal Place of Business:

WELL LINE ROAD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P O BOX 364
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 30-0032215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MILISSA L
1325 PHALROSE LANE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: SMITH, JEFF
Address: COUNTRY HILLS DR
City-St-Zip: MOLINO, FL

Title: VP ( ) Delete
Name: MARTIN, JACK
Address: COUNTRY HILLS DRIVE
City-St-Zip: MOLINO, FL

Title: SEC ( ) Delete
Name: HUNTER, JUDY
Address: DEERFOOT LANE
City-St-Zip: CANTONMENT, FL 32533

Title: TREA ( ) Delete
Name: SMITH, MILISSA
Address: 1325 PHALROSE LANE
City-St-Zip: CANT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, JEFF
Address: 151 COUNTRY HILLS DRIVE
City-St-Zip: MOLINO, FL

Title: VP (X) Change ( ) Addition
Name: HUNTER, EDDIE
Address: 241 DEERFOOT LANE
City-St-Zip: MOLINO, FL

Title: SEC (X) Change ( ) Addition
Name: BROWN, TONYA
Address: 6301 CHESTNUT
City-St-Zip: MOLINO, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MILISSA SMITH TREA 04/26/2006

Electronic Signature of Signing Officer or Director — Date