2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000781

Name:

Address:

City-St-Zip:

MILAZZO, JOHN

10008 CHERRY HILLS AVE CIR.

BRADENTON, FL 34202

Entity Name: LILIDDICANIES DASEDALL IN

FILED May 03, 2005 Secretary of State

Entity Name: HURRICANES BASEBALL, INC. **Current Principal Place of Business: New Principal Place of Business:** 7560 HARRINGTON LANE BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 7560 HARRINGTON LANE BRADENTON, FL 34202 FEI Number: 04-3690911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: PEARSON, ERIC 7560 HARRINGTON LANE BRADENTON, FL 34202 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PEARSON, ERIC C Name: Name: Address: 7560 HARRINGTON LANE Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: AXLEY, HAL Name: Address: **BULLRUSH TERRACE** Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: Title: SEC () Delete Title: () Change () Addition LAWLER, DARLA Name: Name: 6318 - 99TH STREET EAST Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC PEARSON PD 05/03/2005