

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 10, 2006
Secretary of State**

DOCUMENT# N02000002109

Entity Name: WELLINGTON TRAVEL BASEBALL, INC.

Current Principal Place of Business:

721 PINE CLUB LANE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

721 PINE CLUB LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 03-0421244 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:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: D () Delete
Name: ADAMETZ, LESLIE
Address: 721 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: TOSNER, CATHY
Address: 721 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: FERRARESI, DANIEL
Address: 721 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: SILBER, TRACY
Address: 721 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MURRELL, AMANDA
Address: 721 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GREENE, DANA
Address: 721 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

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

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

Title: D () Change (X) Addition
Name: DILLON, BRENDA
Address: 721 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

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: LESLIE ADAMETZ

D

07/10/2006

Electronic Signature of Signing Officer or Director

Date