2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
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: CANAVAN, DENISE
Address: 721 PINE CLUB LANE
City-St-Zip: WELLINGTON, FL 33414

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: MURRELL, AMANDA
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:

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: LESLIE ADAMETZ VP 07/03/2008

Electronic Signature of Signing Officer or Director — Date