2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT A PLANT DOCUMENT # NO2000004406

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Secretary of State

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NAME SOLOMON, RICHARD MOSS SIREIT ADDRESS 23369 MCQUEENEY AVE CITY-ST-ZIP PORT CHARLOTTE, FL 33980 TITLE D NAME FABER, NORA SIREIT ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 TITLE T NAME SIREIT ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 TITLE T NAME SIREIT ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 TITLE NAME SIREIT ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 TITLE NAME SIREIT ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 TITLE NAME SIREIT ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 TITLE NAME SIREIT ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 TITLE NAME MCBEE, JODI SIREIT ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33954 TITLE NAME SIREIT ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33983 CITY-ST-ZIP PORT CHARLOTTE, FL 33954		TTE COUNTY SOCCER FE	DERATION, INC.							
Siles Apt II all Sales Applied For Not Applied	23369 MCQU	EENEY AVE	23369 MCQUEENEY AVI		4	004025	1			
Applied For NOT APPLICABLE Applied For Not Applied For Not Applied For Not Applied For Required Fee Required Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name CA HUS AC., PHILIP Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE, FL 33980 Applied For Not Applied For Not Applied For Not Applied Fee Required Agent Name CA HUS AC., PHILIP Street Address (P.O. Box Number is Not Acceptable) PLOG 8 SHONJIKA LANE City PUNTA GOLDA FL 2/2/2006 8 SHONJIKA LANE City PUNTA GOLDA FL 2/2/2006 8 SHONJIKA LANE City PUNTA GOLDA FL 2/2/2006 8 SHONJIKA LANE SIGNATURE By July 1, 2008 Applied For Not Applied For Not Applied For Not Address of Now Registered Agent Name CA HUS AC., PHILIP Applied For Not Address of New Registered Agent To Name and Address of New Registered	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Not Applicate Not Applicat	2600	og Salonika LN.	26068 SI	ALONIKA	<i>1-1</i> 1		NP	CR2E03		-P-4F
B. Name and Address of Current Registered Agent SOLOMAN, RICHARD MOSS 23369 MCQUEENEY AVE PORT CHARLOTTE, FL 33980 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accelerable by the obligations of registered agent. FILE PORT CHARLOTTE, FL 33980 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerable by the obligations of registered agent. FILE PORT CHARLOTTE STATE BY ADDITIONS (MOTE Registered Agent agent agent.) FILING Foe is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILL NAME SOLOMON, RICHARD MOSS SUBMIT ADDRESS SUBMIT ADDRESS SUBMIT ADDRESS SUBMIT ADDRESS SUBMIT ADDRESS SUBMIT ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33983 TITLE TO NAME VOUNG, JIM SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33983 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33983 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33983 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33983 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33983 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33984 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33984 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33984 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33984 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33984 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33984 TITLE D MCBEE, JODI NAME SIRET ADDRESS CITY-ST-2P PORT CHARLOTTE, FL 33984	PUNT	A GORDA, FL	PUNTA GOV	LDA, FL	_ 4. FE		ABLE			
SOLOMAN, RICHARD MOSS 23369 MCQUEENEY AVE PORT CHARLOTTE, FL 33980 8. 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. I am familiar with, and accent the obligations of registered agent. FILITY CAHLLAR PRESIDENT 2-20-08 SIGNATURE FILITY CAHLLAR PRESIDENT 2-20-08 FILITY CAH	Zip 339	183_ CHARCOTTE	^{Zip} 33.983	CHARLOT	TE 5. Ca	ertificate of Statu	s Desired	Ø		
SOLOMON, RICHARD MOSS 23369 MCQUEENEY AVE PORT CHARLOTTE, FL 33980 8. 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. I am familiar with, and accent the obligations of registered agent. **SIGNATURE** **FILTP** **CALUAGE** **PUNTA GORDA** **FILTP** **CALUAGE** **PUNTA GORDA** **FILTP** **CALUAGE** **PUNTA GORDA** **PULTP** **CALUAGE** **PUNTA GORDA** **PUNTA GORD		6. Name and Address of Current i	Registered Agent	Name					Agent	
2-60 68 SACONTKA LANE City PUNTA GORDA FL Zip Code 3283 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent. PHILIP CAHUSAC PRESIDENT 2-20-08 SIGNATURE SUPPLIANCE OF TOWN TO A THE SUPPLIANCE OF THE STATE OF TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN				'						
8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accertate obligations of registered agent. Signature: Columbia	PORT CHA	ARLOTTE, FL 33980		20	0068	SALON	IKA	LAN	IE	. <u>-</u> .
THE OBLIGATIONES SIGNATURE Signature for precisitative of agreement and raise if applicable. Filling Fee is \$61.25 Due by May 1, 2008 PRESIDENT 2-20-08 Signature for precision of registance agreement and raise if applicable. (NOTE: Registered Agreem agreement required required increasisative) PRESIDENT 2-20-08 Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PRESIDENT 2-20-08 Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CHANGA C, PHILIP 2 GO 10 8 SALDNIKA LANE PORT CHARLOTTE, FL 33980 TITLE PORT CHARLOTTE, FL 33980 Delete TITLE NAME FABER, NORA STREET ADDRESS CITY-SI-2IP PORT CHARLOTTE, FL 33952 TOTAL TOTAL TOTAL TOTAL TOTAL Delete TITLE NAME STREET ADDRESS CITY-SI-2IP PORT CHARLOTTE, FL 33983 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33983 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33952 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33952 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33954 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33948 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33948 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33948 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33948 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33948 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33948 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33954 THE OBJECT OR SALDNIKA LANE PORT CHARLOTTE, FL 33954				City P	UNTA	Gorce	A	FL	Zip Cod	983
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NAME MCBEE, SELDA NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33948 12. Lihereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SOLOMON, RICHARD MOSS 23369 MCQUEENEY AVE PORT CHARLOTTE, FL 33980 D FABER, NORA 22088 BRONXVILLE AVE PORT CHARLOTTE, FL 33952 T YOUNG, JIM 89 MANIZAKS AVE PUNTA GORDA, FL 33983 D MCBEE, JODI 168 HARRISBURG ST PORT CHARLOTTE, FL 33954 VD CAHUSAC, PHILIP 26068 SALONIKA LANE	Trust Fund C RECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added ADDITION PRESSO CAHUSA 2606 PUNTA PANT PANT 17489	to Fees DNS/CHANGES ENT C. PHILI 8 SALDI GORDA C VICE COUTO MARCO	Flori TO OFFICEF PILA I FL 3 PRESII	da Depar RS AND DI LANE 3983 DENT	RECTORS IN Change Change Change Change	Addition

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| Philippe Name | Philippe Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11