2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005468

FILED Apr 28, 2005 Secretary of State

Entity Name: POINCIANA YOUTH SOCCER LEAGUE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

57 ANDORA COURT 106 CASTLEFORD WAY KISSIMMEE, FL 34758 KISSIMMEE, FL 34758

Current Mailing Address: New Mailing Address:

57 ANDORA COURT 106 CASTLEFORD WAY KISSIMMEE, FL 34758 KISSIMMEE, FL 34758

FEI Number: 06-1641279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALWI, ARIF A
57 ANDORA COURT
KISSIMMEE, FL 34758 US

RODRIGUES, MARCEL
106 CASTLEFORD WAY
KISSIMMEE, FL 34758 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: MARCEL RODRIGUES 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 ALWI, ARIF
 Name:
 RODRIGUES, MARCEL

 Address:
 57 ANDORA COURT
 Address:
 106 CASTLEFORD WAY

 City-St-Zip:
 KISSIMMEE, FL 34758
 City-St-Zip:
 KISSIMMEE, FL 34758

Title: SECD (X) Delete Title: () Change () Addition

 Name:
 ALWI, DEBORAH
 Name:

 Address:
 57 ANDORA COURT
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34758
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 GILBERT, IRENE
 Name:

 Address:
 624 GULL DR
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34759
 City-St-Zip:

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.

SIGNATURE: MARCEL RODRIGUES PD 04/28/2005