2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000005821

TI FILED
Jun 06, 2008
Secretary of State

New Principal Place of Business:

Entity Name: TAMARAC CO-ED SOFTBALL INC.

Current Principal Place of Business:

8289 CASSIA TERRACE 10355 N. W. 35TH STREET

TAMARAC, FL 33321 CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

8289 CASSIA TERRACE 10355 N. W. 35TH STREET CORAL SPRINGS, FL 33065 US

FEI Number: 27-0024889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MCCANN, KEVIN PRES
8289 CASSIA TERRACE
TAMARAC, FL 33321 US

PRESNO, MIKE PRES
10355 N. W. 35TH STREET
CORAL SPRINGS, FL 33065 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: MIKE PRESNO 06/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES PRES () Delete (X) Change () Addition MCCANN, KEVIN PRESNO, MIKE PRES Name: Name: 8289 CASSIA TERRACE Address: 10355 N. W. 35TH STREET Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP () Delete Title: VP (X) Change () Addition Name: RODRIGUEZ, CHRIS Name: MIZUSAWA, PENNY VP

Address: 5235 N.W.54TH SREET Address: 8109 N.W. 95TH LANE
City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: TAMARAC, FL 33321 US

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

 Name:
 MIZUSAWA, PENNY
 Name:
 PETERS, ALLEY SECR

 Address:
 8109 N.W. 95TH LANE
 Address:
 7806 N.W. 67TH AVE

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321 US

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

 Name:
 VALDES, PATRICIA
 Name:
 VALDES, PATRICIA TREA

 Address:
 8109 N.W. 94TH LANE
 Address:
 8109 N.W. 94TH LANE

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321 US

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: MIKE PRESNO PRES 06/06/2008