2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003250

FILED Jan 05, 2006 Secretary of State

Entity Name: TRI - COUNTY CHALLENGER BASEBALL, INC.

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

11439 PEMBROOK RUN ESTERO, FL 33928

Current Mailing Address: New Mailing Address:

11439 PEMBROOK RUN ESTERO, FL 33928

FEI Number: 83-0353075 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:

STORY, JOHN B

25121 PENNYROYAL DRIVE

BONITA SPRINGS, FL 34134 US

BARRON, ALLAN B

11439 PEMBROOK RUN
ESTERO, FL 33928 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: ALLAN BARRON 01/05/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BARRON, ALLAL
 Name:
 BARRON, ALLAN

 Address:
 11439 PEMBROOK RUN
 Address:
 11439 PEMBROOK RUN

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:
 ESTERO, FL 33928

Title: V () Delete Title: V (X) Change () Addition Name: SCGNUTTKER, CRAIG Name: SCHMITTLER, CRAIG

Address: 6400 EMERALD PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Address: 6400 EMERALD PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Address: 6400 EMERALD PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete Title: () Change () Addition

 Name:
 BARRON, DEBRA
 Name:

 Address:
 11439 PEMBROOK RUN
 Address:

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 JONES, TINA
 Name:

 Address:
 8119 ALMERIA
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:

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: ALLAN BARRON P 01/05/2006