2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006952

FILED Jan 20, 2005 Secretary of State

Entity Name: MOROCCAN AMERICAN LEAGUE, CORP.

Current Principal Place of Business: New Principal Place of Business: 11825 SAILBOAT LANE 7937 SHOALS DRIVE ORLANDO, FL 32821 APT. C ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** 7937 SHOALS DRIVE 11825 SAILBOAT LANE ORLANDO, FL 32821 APT. C ORLANDO, FL 32817 FEI Number: 20-0157165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: EJNIOUI, ABDELHAQ DR MOURI, OUNS 11825 SÁILBOAT LANE 7937 SHOALS DRIVE ORLANDO, FL 32821 ORLANDO, FL 32817 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: OUNS MOURI 01/20/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition EJNIOUI, ABDELHAQ DR MOURI, OUNS Name: Name: 11825 SAILBOAT LANE Address: 7937 SHOALS DRIVE, APT. C Address: ORLANDO, FL 32821 City-St-Zip: City-St-Zip: ORLANDO, FL 32817 Title: () Delete Title: () Change () Addition RHIATI, ABDELKADER Name: Name: Address: P.O. BOX 570573 Address: City-St-Zip: ORLANDO, FL 32857 City-St-Zip: Title: () Delete Title: () Change () Addition AMEZZIANE, MOHAMED Name: Name: Address: 10860 GLEN COVE CIR #208 Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ZENJARI, AMINE Name: 544 PARK TREE TERR #223 Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: () Delete Title: () Change () Addition TANTAOUI. MOUNIR EL, ARAKI Name: Name: 10860 GLEN COVE CIR #208 Address: Address: City-St-Zip: ORLANDO, FL 32817 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: OUNS MOURI P 01/20/2005