2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006952

FILED May 22, 2006 Secretary of State

Entity Name: MOROCCAN AMERICAN LEAGUE, CORP. **Current Principal Place of Business: New Principal Place of Business:** 7937 SHOALS DRIVE 898 VISTA PALMA WAY APT. C ORLANDO, FL 32825 ORLANDO, FL 32817 **New Mailing Address: Current Mailing Address:** P.O. BOX 677421 ORLANDO, FL 32817 FEI Number: 20-0157165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOURI, OUNS MOURI, OUNS 898 VISTA PALMA WAY 7937 SHOALS DRIVE APT. C ORLANDO, FL 32825 US 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 05/22/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MOURI, OUNS MOURI, OUNS Name: Name: 7937 SHOALS DRIVE, APT. C Address: 898 VISTA PALMA WAY Address: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: Title: () Delete () 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 BOUZIDI EL IDRISSI, HASSAN Name: Name: 122 W. BUCHANON AVE. Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: HAJJAJ, TARIK Name: 1516 CROSSWIND CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: Title: () Delete () Change () Addition FREJ, HICHAM Name: Name: 12600 LAKEBROOK RD. Address: Address: City-St-Zip: ORLANDO, FL 32828 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: OUNS MOURI Ρ 05/22/2006