


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90437 034 ****61.25

DOCUMENT # N03000010195	
1. Entity Name NORTH RIVER NATIONAL LITTLE LEAGUE, INC.	

Principal Place of Business 5102 WOODLAWN CIRCLE E PALMETTO, FL 34221	Mailing Address 5102 WOODLAWN CIRCLE E PALMETTO, FL 34221
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2. Principal Place of Business - No P.O. Box # 9605 71st AVE East	3. Mailing Address PO BOX 556
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palmetto FL	City & State Ellenton FL
Zip 34221	Zip 34222
Country USA	Country USA

400000100



04252007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KEMICK, LARRY PRES 3626 US HWY 301 ELLENTON, FL 34222		7. Name and Address of New Registered Agent Name Daniel Nodholm Street Address (P.O. Box Number is Not Acceptable) 9605 71st AVE E City Palmetto FL Zip Code 34221

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Daniel Nodholm** **4/25/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRES	<input type="checkbox"/> Delete	TITLE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KEMICK, LAWRENCE		NAME Tim Taylor	
STREET ADDRESS 3626 US HWY 301		STREET ADDRESS 9605 71st AVE E	
CITY-ST-ZIP ELLENTON, FL 34222		CITY-ST-ZIP Palmetto FL 34221	
TITLE TREA	<input checked="" type="checkbox"/> Delete	TITLE TREA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NERI, JO ANN		NAME Eric Shultz	
STREET ADDRESS 5102 WOODLAWN CIRCLE E		STREET ADDRESS 3905 101 AVE E	
CITY-ST-ZIP PALMETTO, FL 34221		CITY-ST-ZIP Palmetto FL 34219	
TITLE D	<input type="checkbox"/> Delete	TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALLAHAN, KEN		NAME [Signature]	
STREET ADDRESS 7805 55TH ST. EAST		STREET ADDRESS [Signature]	
CITY-ST-ZIP PALMETTO, FL 34221		CITY-ST-ZIP [Signature]	
TITLE D	<input type="checkbox"/> Delete	TITLE [Signature]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKEAGE, JAY		NAME [Signature]	
STREET ADDRESS 6012 61ST STREET COUR E		STREET ADDRESS [Signature]	
CITY-ST-ZIP PALMETTO, FL 34221		CITY-ST-ZIP [Signature]	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KEMICK, MELISSA		NAME GAIL LOU	
STREET ADDRESS 3626 US HWY 301		STREET ADDRESS PO BOX 556	
CITY-ST-ZIP ELLENTON, FL 34222		CITY-ST-ZIP ELLENTON FL 34222	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME [Signature]		NAME Daniel Nodholm	
STREET ADDRESS [Signature]		STREET ADDRESS PO BOX 253	
CITY-ST-ZIP [Signature]		CITY-ST-ZIP Ellenton FL 34222	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Daniel Nodholm** **4/25/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #