2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# N03000011123

Entity Name: BUENA VENTURA LAKES LITTLE LEAGUE, INCORPORATED

Current Principal Place of Business:

419 BUENAVENTURA BLVD.
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

PMB 275
1970 OSECOLA PKWY.
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 20-0269783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTES, JOHANNA L
1970 E. OSCEOLA PKWY.
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

MONTES, JOHANNA L
2892 MIDDLETON CIRCLE
KISSIMMEE, FL 34743 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: _____ 03/21/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTES, JOHANNA L
Address: 2892 MIDDLETON CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: VP (X) Delete
Name: MEJIA, RAFAEL
Address: 1970 E OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743

Title: PA ( ) Delete
Name: MONTES, JUAN L
Address: 2892 MIDDLETON CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: CM (X) Delete
Name: MEJIA, SONIA
Address: 1970 E OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743

Title: T ( ) Delete
Name: MONTES, JOHANNA L
Address: 2892 MIDDLETON CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOHANNA L MONTES P 03/21/2006
Electronic Signature of Signing Officer or Director — Date