


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # N03677 1. Entity Name PINECREST LITTLE LEAGUE, INC.	
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Principal Place of Business 9312 S.R. 39 SOUTH P.O. BOX 733 LITHIA, FL 33547 US	Mailing Address S.R. 39 SOUTH P.O. BOX 733 LITHIA, FL 33547
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DO NOT WRITE IN THIS SPACE



05132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2387488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, SCOTT
15028 EAGLERISE DR.
LITHIA, FL 33547

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, DAVID A 1405 BUEN CT. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATRIGNANI, NATASHA 10408 ASHLEY OAKS DR. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOSS, ROBIN 8840 CAREY RD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVIS, TEDDY 6510 DURANT RD. DURANT, FL 33530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/31/07-80020-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Robin Koss, Robin Koss May 14, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #