2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2008 8:00 am Secretary of State

1. Entity Name	MENT # N0400006 LES SOCCER CLUB, INC.	863					07-21-2008 9	0026 00	8 ****61	.25
130 É CENTRAL AVE		Mailing Address 3570 SILVER OAK COURT LAKE WALES, FL 33898	3570 SILVER OAK COURT		;	# NEO ((#E) O (#	AFRILAKAN TOKN ORIK ORIK	: - 	FEA (ETTE ENIES IA	#11 6 1 81 #881
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	I. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07172008 Chg-NP CR2E037 (12/06)				
City & State		City & State				4. FEI Number 20-1391381		Applied For Not Applicable		
Zip	Country	Zip	Country			5. Certificate of Status Desired		125	\$8.75 Add Fee Require	
	fi. Name and Address of Current F	Registered Agent				7. Name and	Address of New Re	gistered /	Agent	
DYKXHOO	RN, JACOB C			Name					_	
130 E CENTRAL AVE LAKE WALES, FL 33853			Street Address (P.O. Box Number is Not Accepta				r is Not Acceptable)		
								FL	Zip Cod	le
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistere	d office or	register	ed agent, or bot	h, in the State of Flo	rida. Fam	familiar with,	and accept
SIGNATURE -	· T									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered	Agent signatu	re required	when reinstating)		DATE		-71
Di	Filling Fee is \$61.25 ue by September 12, 2008	9. Election Camp Trust Fund Co	paign Fir	nancing	ure required	\$5.00 May B Added to Fees		ake chec	k payable t	
D ₁	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Fir	nancing		\$5.00 May B Added to Fees		ake chec da Depar	tment of S	tate
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TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Le by September 12, 2008 OFFICERS AND DIR DP SHIELDS, ROBERT D % 130 É CENTRAL AVE	9. Election Camp Trust Fund Co	paign Finntribution 11. 11. TITLE NAME STREE CITY- TITLE NAME STREE	nancing on. T ADDRESS ST-ZIP	D Ger. 710 Lake D Eri 600	\$5.00 May B Added to Fees ADDITIONS/CHA ald Niche Wildabor e Wales, c Maldona 9 Tindel	Floringes TO OFFICER ols Ave FL 33853	ake chec da Depar	tment of S	tate
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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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Andrew Hunt

Jul7 17, 2008

(863) 676-1423

Daytime Phone #