2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001731

Entity Name: FISHHAWK YOUTH SPORTS ASSOCIATION INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
15028 EAGLERISE DRIVE LITHIA, FL 33547			15028 EAGLERISE DRIVE LITHIA, FL 33547 US				
Current Mailing Address: 15028 EAGLERISE DRIVE LITHIA, FL 33547			New Mailing Address: 15028 EAGLERISE DRIVE LITHIA, FL 33547 US				
							FEI Number:
Name and Add	dress of Current Registered Agent:		Name and	Address o	f New Reg	istered Agent:	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US The above named entity submits this statement for the purpose			DENTNESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US				
in the State of F						-g,	
SIGNATURE: BUSINESS FILINGS INCORPORATED			04/27/2006				
-	Electronic Signature of Registered Ager	nt				Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	P POWERS, S 15028 EAGL LITHIA, FL	ERISE DRIV	, ,	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D POWERS, S 15028 EAGL LITHIA, FL	ERISE DRIV		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	V CEREN, MA 15314 VIRE LITHIA, FL	OGLEN LN	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D CEREN, MA ¹ 15314 VIRE LITHIA, FL 3	OGLEN LN	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	S STALLINGS, 5913 JEAGE LITHIA, FL (RGLEN DR	(X) Addition	
Title: Name: Address: City-St-Zip:	()Delete		Title: Name: Address: City-St-Zip:	D STALLINGS, 5913 JEAGE LITHIA, FL 3	RGLEN DR	(X) Addition	

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: SCOTT POWERS PRES 04/27/2006