2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# N05000012161

Entity Name: PSL BASEBALL INC.

Current Principal Place of Business:

1648 SE BURGUNDY LANE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1648 SE BURGUNDY LANE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 56-2555316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'BRIEN, MICHAEL L
1648 SE BURGUNDY LANE
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	O'BRIEN, MICHAEL L	
Address:	1648 SE BURGUNDY LANE	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	VP	( ) Delete
Name:	O'BRIEN, VERONICA ANN	
Address:	1648 SE BURGUNDY LANE	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	T	(X) Delete
Name:	FREEL, TYE	
Address:	1508 SE ROYAL GREEN CIRCLE UNIT-E201	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	S	( ) Delete
Name:	BRUBAKER, MATT	
Address:	653 TIMBERDOODLE TRAIL	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	

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:	

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: MICHAEL L. O'BRIEN P 05/15/2006

Electronic Signature of Signing Officer or Director — Date