-2007-NOT-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2007 8:00 am Secretary of State DOCUMENT # N06000007619 1. Entity Namo 01-31-2007 90048 015 ****61.25 JENSEN BEACH LITTLE LEAGUE, INC. Principal Place of Business Mailing Address PO BOX 1956 JENSEN BEACH FL 34958 JENSEN BEACH FL 34958 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FELNumber Applied For Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAUMAN, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 1736 NW HARBOR PLACE STUART FL 34994 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. | am familiar the obligations of registered agent typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Pavable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. HILE DΡ Delete HILE Change] Addition NAME ARMSTRONG, PATRICK B NAME STREET ADDRESS STREET ADORESS 2081 SE OCEAN BLVD 4TH FLOOR CHY-SI-7IP CITY ST-7P STUART FL 34996 TITLE ☐ Delete BILL ☐ Addition NAME BAUMAN, ROBERT C NAME STREET LADDRESS STREET ADDRESS 1736 NW HARBOR PLACE CITY-S1-ZIP STUART FL 34994 CITY - ST-ZIP ☐ Defete HILLE TITLE Change ☐ Addition NAME NAME REEVES, BETH STREE1 ADDRESS STREET ADDRESS 514 NW BELLWORTH PLACE CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 TITLE ☐ Delete ma ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - 7IP TITLE HITE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE

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 truetoe 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.

FILED