2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009844

FILED Apr 12, 2009 Secretary of State

Entity Name: SOUTH FLORIDA WINDBALL CRICKET LEAGUE INC.

	-	e of Business:	New Principal Place	of Business:	
	CKINGHORSE CITY, FL 3302				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	CKINGHORSE CITY, FL 3302				
FEI Number	: 13-4344664	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
6900 SW 3 MIRAMAR The above	,	US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RF.				
J. G. W G.		nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
OFFICER: Title: Name: Address: City-St-Zip:	PRES (CHARLES, VIC) Delete :TOR I PLACE, UNIT 304	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PRES (CHARLES, VIC 5861 NW 16TH SUNRISE, FL VP (BARKER, KEN) Delete :TOR I PLACE, UNIT 304 33313 US) Delete NETH I PLACE, UNIT 304	Title: Name: Address:		
Title: Vame: Address:	PRES (CHARLES, VIC 5861 NW 16TH SUNRISE, FL VP (BARKER, KEN 5861 NW 16TH SUNRISE, FL TR (SEESAHAI, KE) Delete :TOR I PLACE, UNIT 304 33313 US) Delete NETH I PLACE, UNIT 304 33313 US) Delete NNY) Delete NNY	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PRES (CHARLES, VICE 5861 NW 16TH SUNRISE, FL VP (BARKER, KEN 5861 NW 16TH SUNRISE, FL TR (SEESAHAI, KE 11211 ROCKIN COOPER CITY SEC (LAROCHE, PAI 1043 SW 112) Delete :TOR I PLACE, UNIT 304 33313 US) Delete NETH I PLACE, UNIT 304 33313 US) Delete NNY I GHORSE ROAD (, FL 33026) Delete UL C	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: KENNY SEESAHAI TR 04/12/2009