2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# N06000010069

Entity Name: NEW TAMPA GIRL'S FASTPITCH, INC.

Current Principal Place of Business:

8202 GINGER PINE WAY
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

8202 GINGER PINE WAY
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-5621533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

PAYNE, KELLY
8202 GINGER PINE WAY
TAMPA, FL 33647 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: PD ( ) Delete
Name: PAYNE, ROBERT
Address: 8202 GINGER PINE WAY
City-St-Zip: TAMPA, FL 33647

Title: TD ( ) Delete
Name: PAYNE, KELLY
Address: 8202 GINGER PINE WAY
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete
Name: PESCE, STACEY
Address: 17805 SAND PINE TRACE WAY
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete
Name: KELLEY, CINDY
Address: 7390 SE 26TH DR
City-St-Zip: BUSHNELL, FL 33515

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 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: KELLY R PAYNE TD 05/08/2009

Electronic Signature of Signing Officer or Director — Date