2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

| ANNUAL REPORT | | | | | | | | Secretary of State | | | |
|---|---|---|---------------------|---|--|---------------------------------------|---|---|------------------------|---|--------------------------------|
| DOCUMENT # N06000011427 | | | | | | | | 07-2008 90023 | | | |
| PERFECT GAME BASEBALL ACADEMY, INC. | | | | | | | | | | | |
| 3590 102ND PLACE N | | | 3590 | Mailing Address 3590 102ND PLACE N CLEARWATER, FL 33762 | | | 1 : 0 1 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 | ının de nn es ni es ni esni esni | MBB: WEN ENERG MEN (FF | ITER Bİ IFBI | |
| 2. Principal Place of Business - No P.O. Box # 3. | | | 3. Mailin | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | • | 01032008 Ch | g-NP CR | 2E037 (12/06) | |
| City & State | | | City & State | | | - | 4. FEI Number 68 - 063 | 38170 | | pplied For at Applicable | |
| Zip Country | | Zip Co | | Cou | intry | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Current | Registered | Agent | | | | 7. Name and Addr | ess of New Regist | ered Agent | |
| SHULTZ, M | | · · · · · · · · · · · · · · · · · · · | | | | Name | | | | | |
| 3590 102ND PLACE N CLEARWATER, FL 33762 | | | | | | Street Ad | idress (| P.O. Box Number is N | lot Acceptable) | | |
| · # | | | | City | | | | ············ | FL Zip Code | е | |
| 8. The above r | | y submits this statement for ered agent. | or the purpos | se of changing its | register | ed office or r | register | red agent, or both, in t | the State of Florida. | I am familiar with, | and accept |
| Λ | a) | | | | | | | | | | [|
| SIGNATURE _ | <u> </u> | me- | : | | | | | | 2 | 120/08 | |
| | Signature, typed | or printed name of registered agent | and title if applic | cable. (NOT | E: Registere | d Agent signatur | re requirec | d when reinstating) | 5 | /20/05 DATE | |
| | Filing Fe | e is \$61.25 | and this if applic | 9. Election Car Trust Fund (| npaign F | inancing | re required | \$5.00 May Be Added to Fees | Make (| DATE check payable to Department of St | 0 |
| | Filing Fe | e is \$61.25 lay 1, 2008 | | 9. Election Car | mpaign F Contribut | inancing | | \$5.00 May Be Added to Fees | Make (Florida D | check payable to department of St | o tate |
| 10. | Filing Fe Due by N | e is \$61.25 flay 1, 2008 OFFICERS AND DI | | 9. Election Car | mpaign F Contribut 11. | inancing ion. [| | \$5.00 May Be | Make (Florida D | check payable to department of St | o tate |
| 10. FITLE NAME | Filing Fe Due by N P SHULTZ, | e is \$61.25 flay 1, 2008 OFFICERS AND DI | | 9. Election Car Trust Fund (| mpaign F Contribut 11. | inancing ion. [| | \$5.00 May Be Added to Fees | Make (Florida D | check payable to department of SI | o tate |
| 10. TITLE NAME STREET ADDRESS | P SHULTZ, 3590 1021 | e is \$61.25 flay 1, 2008 OFFICERS AND DI MICHAEL A ND PLACE N | | 9. Election Car Trust Fund (| npaign F Contribut 11. TIIL NAM STRI | inancing ion. [| | \$5.00 May Be Added to Fees | Make (Florida D | check payable to department of SI | o tate |
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| 10. FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | P SHULTZ, 3590 1021 CLEARW. P FERRIN, 3230 50TH | OFFICERS AND DI MICHAEL A ND PLACE N ATER, FL 33762 EARL G H AVE N | | 9. Election Car Trust Fund (| mpaign F Contribut 11. TITL NAM STRI CITY | E E E E E E E E E E E E E E E E E E E | | \$5.00 May Be Added to Fees | Make (Florida D | check payable to department of SI ND DIRECTORS IN | o tate 110 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

name Street address

SIGNATURE: Miles Miles Miles A. Shultz
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

3/20/08

727)418-9197

Daytime Phone #