2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N07000003228

Entity Name: ALL AMERICAN PROSPECTS BASEBALL INC.

Current Principal Place of Business:

9130 SOUTH DADELAND BLVD
1500
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9130 SOUTH DADELAND BLVD
1500
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-8737306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, GREGORY W.
515 N. FLAGLER DR., STE. 400
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ARRICK, BRUCE A
9130 SOUTH DADELAND BLVD
1500
MIAMI, FL 33156 US

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: BRUCE A. ARRICK 02/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ADAMS, MIKE
Address: 5153 MISTY MORN RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Delete
Name: SCHAEFFER, FRANK
Address: 5153 MISTY MORN RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: ARRICK, BRUCE
Address: 9130 SOUTH DADELAND BLVD., SUITE 1500
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: COLEMAN, GREGORY W.
Address: 5153 MISTY MORN RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: BRUCE A. ARRICK D 02/05/2009
Electronic Signature of Signing Officer or Director Date