
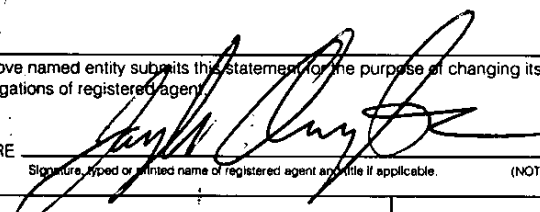
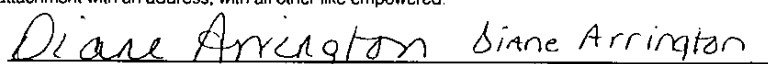


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90039 040 ****70.00

DOCUMENT # N09229 1. Entity Name EAGLE YOUTH SPORTS, INC.					
Principal Place of Business 4200 DIKE ROAD WINTER PARK, FL 32792 US			Mailing Address P.O. BOX 620627 OVIEDO, FL 32762		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2552000	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, TERRY L 406 GREYFORD LANE CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Joseph Arrington Street Address (P.O. Box Number is Not Acceptable) 1448 Aster Ct. City Winter Park FL Zip Code 32792	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 8/21/07	
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELMADOLLAR, MARSHA P.O. BOX 620627 OVIEDO, FL 32762	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, NICOLE P.O. BOX 620627 OVIEDO, FL 32762	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARRINGTON, DIANE P.O. Box 620627 OVIEDO, FL 32762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NULTY, BRIAN P.O. BOX 620627 OVIEDO, FL 32762	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, TERRY L P.O. BOX 620627 OVIEDO, FL 32762	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARRINGTON, JOSEPH P.O. Box 620627 OVIEDO, FL 32762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABNEY, TY P.O. BOX 620627 OVIEDO, FL 32762	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 				Date 8/21/07 407-438-1400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Secretary)					