


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90061 049 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 180412	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Casselberry, FL.	
Zip	Country	Zip	Country
		32718-0412	USA



03272008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2552000		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARRINGTON, JOSEPH 1448 ASTER CT WINTER PARK, FL 32792		7. Name and Address of New Registered Agent	
		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____	
		FL	Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Abney, Ty P.O. Box 180412 Casselberry, FL. 32718-0412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARRINGTON, DIANE P.O. BOX 620627 OVIEDO, FL 32762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Judski, Cynthia P.O. Box 180412 Casselberry, FL. 32718-0412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARRINGTON, JOSEPH P.O. BOX 620627 OVIEDO, FL 32762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Betsy Englert P.O. Box 180412 Casselberry, FL. 32718-0412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABNEY, TY P.O. BOX 620627 OVIEDO, FL 32762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bobbie Thiessen P.O. Box 180412 Casselberry, FL. 32718-0412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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:  **27 MAR 08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #