2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18851

FILED Apr 06, 2006 Secretary of State

Entity Name: BOCA RATON YOUTH BASEBALL, INC.

Current Principal Place of Business: New Principal Place of Business:

4620 NW. 1 AVE #51 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

P O BOX 810422 4260 NW 1 AVE #51 BOCA RATON, FL 33481 BOCA RATON, FL 33431

FEI Number: 65-0071553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'CONNELL, ROBERT 1160 S.W. 20 AVE. BOCA RATON, FL 33486 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: ALFORD, JIM Name:

 Name:
 ALFORD, JIM
 Name:

 Address:
 1246 S.W 13 PLACE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33486
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition Name: STANIEWICZ, LUCY Name: STECKROTH, CATHY

 Address:
 3048 NW 27 TERR
 Address:
 800 DOVER STREET

 City-St-Zip:
 BOCA RATON, FL 33434
 City-St-Zip:
 BOCA RATON, FL 33487

Title: TD () Delete Title: TD (X) Change () Addition Name: SHANNON, MIKE Name: MORTON, DUNCAN

 Name:
 SHANNON, MIKE
 Name:
 MORTON, DUNCAN

 Address:
 2920 NW 27 AVE
 Address:
 850 SW 4 STREET

 City-St-Zip:
 BOCA RATON, FL 33434
 City-St-Zip:
 BOCA RATON, FL 33486

Title: VD () Delete Title: (X) Change () Addition ZUCKERMAN, P. BENJAMIN Name: SCHIFANI, MARK Name: 2050 PARKSIDE CIRCLE SOUTH Address: 2161 NW 28 STREET Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM ALFORD PD 04/06/2006