


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N23480</b> 1. Entity Name LAKE LYTA LASSIE LEAGUE, INC.	
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Principal Place of Business 3645 GUN CLUB RD. WEST PALM BEACH, FL 33416 US	Mailing Address PO BOX 17362 WEST PALM BCH, FL 33416-7362 US
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04272006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0125253	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GRAY, TAMMY W 1241 DREXEL ROAD WEST PALM BEACH, FL 33417
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, TIMOTHY 6111 SEVEN SPRNGS BLVD. GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOWLES, CRIAG 1406 BETA CIRCLE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANLEY, LISA 6111 SEVEN SPRINGS BLVD. GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAY, TAMMY W 1241 DREXEL ROAD WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KATHLEEN 5073 NORTHERN LIGHTS DR. GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000007563638  
05/20/06-80020-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Tammy W. Gray **5/1/06** **561-248-4638**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #