


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90103 038 ****61.25

DOCUMENT # N41405	
1. Entity Name	
SAFETY HARBOR LITTLE LEAGUE, INC.	

Principal Place of Business	Mailing Address
940 7TH STREET SOUTH CITY PARK SAFETY HARBOR FL 34695 US	P.O. BOX 113 SAFETY HARBOR FL 34695

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number	Applied For
59-3048243	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	
DONOVAN, DAN 28 TURNSTONE DRIVE SAFETY HARBOR FL 34695	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	TITLE	President
NAME	IRVIN, HARRY	NAME	IRVIN, HARRY
STREET ADDRESS	1702 COUNTRY TRAILS	STREET ADDRESS	1702 Country Trails
CITY - ST - ZIP	SAFETY HARBOR FL 34695	CITY - ST - ZIP	Safety Harbor, FL 34695
TITLE	PD	TITLE	
NAME	DONOVAN, DAN	NAME	
STREET ADDRESS	28 TURNSTONE DR.	STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	CITY - ST - ZIP	
TITLE	T	TITLE	
NAME	CAMPORINI, PAUL	NAME	
STREET ADDRESS	1115 WOODCREST AVE	STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paul Camporini 1/28/07 813 261-0600