2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# N45795

Entity Name: PORT SALERNO LITTLE LEAGUE, INC.

Current Principal Place of Business:

P.O. BOX 192
PORT SALERNO, FL 34992

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 192
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 59-3097112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, JACKIE
2815 SOUTHWEST MONTEGO TERRACE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	HOWARD, JACKIE	
Address:	2815 SOUTHWEST MONTEGO TERRACE	
City-St-Zip:	STUART, FL 34997	
Title:	1VD	( ) Delete
Name:	HILL, DAVE	
Address:	1087 SOUTHWEST BLUE WATER WAY	
City-St-Zip:	STUART, FL 34997	
Title:	2VD	( ) Delete
Name:	BOCKENCK, DEBBIE	
Address:	2250 SOUTHEAST LETHA COURT #8	
City-St-Zip:	STUART, FL 34994	
Title:	TD	( ) Delete
Name:	CANTLEY, MAUREEN	
Address:	4197 SOUTHEAST BAYVIEW STREET	
City-St-Zip:	STUART, FL 34997	
Title:	SD	( ) Delete
Name:	CHAPMAN, THERESA	
Address:	5718 SOUTHEAST PINE AVENUE	
City-St-Zip:	STUART, FL 34997	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	NOLAN, KEVIN	
Address:	4776 SE MANATEE TERRACE	
City-St-Zip:	STUART, FL 34997	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	2VD	(X) Change ( ) Addition
Name:	LAMBRECHTS, FRANK	
Address:	PO BOX 192	
City-St-Zip:	PORT SALERNO, FL 34992	
Title:	TD	(X) Change ( ) Addition
Name:	HOWARD, JACKIE	
Address:	2815 SW MONTEGO TERRACE	
City-St-Zip:	STUART, FL 34997	
Title:	SD	(X) Change ( ) Addition
Name:	SNYDER, BETH	
Address:	PO BOX 192	
City-St-Zip:	PORT SALERNO, FL 34992	

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: JACKIE HOWARD T 01/26/2006

Electronic Signature of Signing Officer or Director — Date