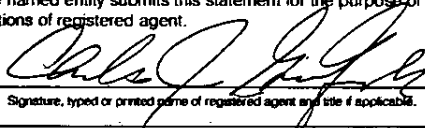
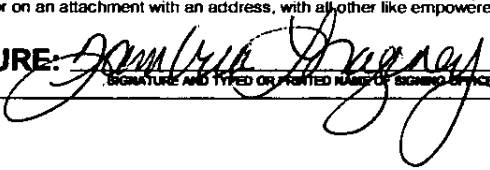


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90026 027 ****61.25

DOCUMENT # N47032 1. Entity Name METRO WEST LITTLE LEAGUE, INC.					
Principal Place of Business P.O. BOX 616550 ORLANDO, FL 32861			Mailing Address P.O. BOX 616550 ORLANDO, FL 32861		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		06302006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3103533				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHURE, SHANNON 1414 COUNTRY RIDGE PLACE ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name Charlie Guilfoyle Street Address (P.O. Box Number is Not Acceptable) 1364 Shelter Rock Rd City Orlando FL Zip Code 32835		
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  7-6-06 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 September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHURE, SHANNON 1414 COUNTRY RIDGE PLACE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☒ Change ☐ Addition Charlie Guilfoyle 1364 Shelter Rock Rd Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ☒ Delete FEE, PENNY 7945 CANYON LAKE CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ☐ Change ☒ Addition John Hahne 1019 Palm Cove Dr Orlando FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☐ Delete NAGINEY, TAMBRIA 5062 CARILLON LANE ORLANDO, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☐ Change ☒ Addition Melanie Brown 6627 Queensborough Ave #101 Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GUILFOYLE, CHARLIE 1364 SHELTER ROCK ROAD ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition Shannon Shure 1414 Country Ridge Place Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☒ Delete REALL, CHRISTOPHER 7610 HEATHFIELD CT. ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Tambria Naginey 5062 Carillon Lane Windermere FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete NAGINEY, JIM 5062 CARILLON LANE ORLANDO, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Kevin Adams 1931 Westpointe Circle Orlando, FL 32835	
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:  Tambria L. Naginey 6/30/06 4078770008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					