

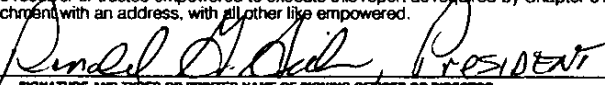


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90047 013 \*\*\*\*61.25

<b>DOCUMENT # N93000000633</b>			
1. Entity Name <b>LAKE MARY LITTLE LEAGUE, INC.</b>			
Principal Place of Business <b>1409 HEARTHSTONE LANE LONGWOOD, FL 32750</b>		Mailing Address <b>P.O. BOX 951824 LAKE MARY, FL 32795-1824</b>	
2. Principal Place of Business - No P.O. Box # <b>451 FLORA Creek Ct</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE MARY FL</b>		City & State	
Zip <b>32746</b>	Country <b>US</b>	Zip	Country
4. FEI Number <b>59-3157058</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZIEGLER, JOHN R P 1409 HEARTHSTONE LANE LONGWOOD, FL 32750		Name <b>SIDES, RONALD G.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>451 FLORA Creek Ct</b>	
		City <b>LAKE MARY FL</b> Zip Code <b>32746</b>	
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  <b>RONALD G. SIDES, PRESIDENT</b>		DATE <b>2/19/2008</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	VD POTTER, DIANE M 546 FREEMAN STREET LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDES, RONALD G. 451 FLORA CREEK CT LAKE MARY, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONIHOO, ERIC 1091 BLOOMBURY RUN HEATHROW, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAGAN, ANDRES 116 LAKE BREEZE CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIEGLER, JOHN P 1409 HEARTHSTONE LN LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASTEN, JULIE 868 SILVERWOOD DRIVE LAKE MARY, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZULCOSKI, ROBERT 253 MEADOW BEAUTY TERRACE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, BLAIR 386 MOHAVE TERRACE LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SCOTT 150 TANGERINE COURT SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>RONALD G. SIDES, PRESIDENT</b>		DATE <b>2/19/2008</b> 407-323-0303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	