2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001844

Entity Name: SANFORD LITTLE LEAGUE, INC.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2665 S ORLANDO DR 135 N. SUMMERLIN AVE STE 101 SANFORD, FL 32771 SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

PO BOX 951674 PO BOX 1235 LAKE MARY, FL 32795 SANFORD, FL 32772

FEI Number: 59-3438666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLOCHE, RUBEN
PO BOX 951674
PO BOX 1235
LAKE MARY, FL 32795
US
PIHAKIS,II, GEORGE
PO BOX 1235
SANFORD, FL 32772
US

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: GEORGE PIHAKIS,II 02/07/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 POLOCHE, RUBEN
 Name:
 PIHAKIS,II, GEORGE

 Name:
 FOEOGRE, ROBEN

 Address:
 PO BOX 951674
 Address:
 135 N. SUMMERLIN AVE

 City-St-Zip:
 LAKE MARY, FL 32795
 City-St-Zip:
 SANFORD, FL 32771

Title: VD () Delete Title: VP (X) Change () Addition Name: BYRD, DENISE Name: FORD, VERNON L

Name: BYRD, DENISE Name: FORD, VERNON L
Address: 11205 STONEBROOK DR Address: 1121 MERRITT ST

City-St-Zip: SANFORD, FL 32773 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete Title: TRES (X) Change () Addition Name: HAIRE, TINA Name: JEFFRIES, TROY

Address: 104 LAGUNA CT Address: 177 WALNUT CREST RUN City-St-Zip: SANFORD, FL 32795 City-St-Zip: SANFORD, FL 32771

Title: SD () Delete Title: SEC (X) Change () Addition

 Name:
 HARRIS, KATHY
 Name:
 NORDEN, LASHAWN

 Address:
 5467 LAKE AVE
 Address:
 5101 FILLMORE PLACE

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 SANFORD, FL 32773

Title: () Delete Title: PA () Change (X) Addition

 Name:
 Name:
 CLARK, NIKKI P

 Address:
 Address:
 190 RIDGE ROAD

 City-St-Zip:
 City-St-Zip:
 LAKE MARY, FL 32746

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: GEORGE PIHAKIS,II PRES 02/07/2006

Electronic Signature of Signing Officer or Director

Date