


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-12-2007 90102 004 ****61.25

DOCUMENT # N93000003818 1. Entity Name CENTRAL FLORIDA SOCCER LEAGUE, INC.	
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Principal Place of Business 108 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714	Mailing Address 108 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714
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60022823



DO NOT WRITE IN THIS SPACE

02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2712079	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANTONIO LEMUS, CPA, PA 108 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOYOLA, EDDIE 1270 LANCELOT WAY CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AMATO, AL 8410 MURRAY CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEMUS, ANTONIO CPA 108 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07 (407)869-6360
Date Daytime Phone #