2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

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DOCUMENT # N9300005677 1. Entity Name NORTH PALM BEACH COUNTY LITTLE LEAGUE, INC.					Secretary of State 04-29-2008 90095 034 ****70.00						
Principal Place of Business 2659 HOPE LN. PALM BEACH GARDENS, FL 33410 Meiling Address P.O. BOX 14682 NORTH PALM BEACH, FL			33408				700 ddin partin	ánná sun ságu ságu			
Principal Place of Business - No P.O. Box # 3. Mailing Address											
	# etc U.S. Ibghuay Que	Suite Ant # etc	Suite, Apt. #, etc.		04450000						
3rd floor					04152008 C	hg-NP	CR2E0)37 (12/06)			
City & Stat	NUMBER Tala Rough FC	City & State	y & State			74		<u> </u>	oplied For ot Applicable		
33 Y C	8 Country U.S.A	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add			
	6. Name and Address of Current R	legistered Agent			7. Name and Add	tress of New F	Registered	Agent			
Name					VALD K. LANTZ						
2659 HOP	E LN.		Street A	ddress (P.	(P.O. Box Number is Not Acceptable)						
PALM BEACH GARDENS, FL 33410				Plu U.S Highway One, 318 Floore							
				DLTH	Palm Boac	h	FL		33400		
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.											
							,	<i>.</i>			
SIGNATURE		ROVALD K. LA	ケレ	SIGNATURE / // ROJAUD K. LANT 2 4/16/08							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or printed harne or registered agent ar	nd title if applicable. (NOTE:	Registered Agent signat	ture required w	hen reinstating)		DATE	•			
	Filing Fee is \$61.25	9. Election Camp	paign Financing		5.00 May Be			k payable t			
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ontribution.		5.00 May Be Added to Fees	Flo	rida Depa	rtment of S	tate		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	O AL	55.00 May Be Added to Fees	Flor ES TO OFFICE	rida Depa	rtment of S	tate		
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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 eath; 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 a floridass, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PROVIED NAME OF BIGNING OFFICER OR DIRECTOR

4/16/98

SUI - 891 - 1140 Daytime Phone #