


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State


DOCUMENT # N93000005745
 1. Entity Name
 LEGACY SOCCER FOUNDATION, INC.



Principal Place of Business
 1230 E. HILLCREST STREET
 ORLANDO, FL 32803 US

Mailing Address
 C/O GEC, INC
 1230 E HILLCREST ST
 ORLANDO, FL 32803 US

DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3238550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAROLD L. DOWNING ESQ, GRONEK & LATHAN LLP
 WARD AND WOODMAN
 250 PARK AVE S 5TH FL
 WINTER PARK, FL 32789

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

**Filing Fee is \$61.25
 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 ADAMS, LARRY C/O GEC, INC 1230 E HILLCREST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGOOS, ANDY C/O GEC, INC 1230 HILLCREST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLARY, MICHAEL C/O GEC, INC 1230 E HILLCREST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIRM-NEISWENDER, JOANIE C/O GEC, INC 1230 E HILLCREST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/21/07-80016-004 61.25

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 another like empowered.

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

Date _____ Daytime Phone # _____