2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N94000002509

Entity Name: LEAGUE OF THE NEW WORLDS, INCORPORATED

Current Principal Place of Business:

5029 FLEETWOOD PLACE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

5029 FLEETWOOD PLACE
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-3081088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAMBERLAND, C S
5029 FLEETWOOD PLACE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHEALER, RICHARD
Address: 1204 ALAMANDA LANE
City-St-Zip: COCOA, FL 32922

Title: DTR ( ) Delete
Name: HURST, FREDDY
Address: 8910 BURLESON CT
City-St-Zip: HOUSTON, TX

Title: D ( ) Delete
Name: CORLEY, DONNA D
Address: 639 S. RIVERSHIRE
City-St-Zip: CONROE, TX

Title: MP ( ) Delete
Name: CHAMBERLAND, CLAUDIA
Address: 5029 FLEETWOOD PLACE
City-St-Zip: COCOA, FL 32926

Title: TRU ( ) Delete
Name: CHAMBERLAND, DENNIS
Address: 5029 FLETWOOD PL
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDIA CHAMBERLAND MP 05/02/2005

Electronic Signature of Signing Officer or Director — Date