

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002509

FILED  
May 03, 2006  
Secretary of State

**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 FLEETWOOD 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 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: CS CHAMBERLAND

MP

05/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date