## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9500000162

Entity Name: WESTERN AREA FOOTBALL LEAGUE, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1112 WESTON ROAD, PMB #155 WESTON, FL 33326 US

Current Mailing Address: New Mailing Address:

3931 S.W. 47TH AVENUE 2470 POINCIANA COURT SUITE 104 WESTON, FL 33327 US DAVIE, FL 33314 US

FEI Number: 65-0553798 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SLORP, KIM
 TRUSKE, THOMAS E

 3931 S.W. 47TH AVENUE, #104
 2470 POINCIANA COURT

 DAVIE, FL 33314 US
 WESTON, FL 33327 US

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: THOMAS E TRUSKE 04/27/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SROUR, LOUIS
 Name:
 EPSTEIN, DAVID

 Address:
 933 TANGLEWOOD CR
 Address:
 2462 PROVENCE CT

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 WESTON, FL 33327

Title: SD () Delete Title: VP (X) Change () Addition

 Name:
 SLORP, KIMBERLY
 Name:
 WOODALL, JEFF

 Address:
 10690 S.W. 23RD STREET
 Address:
 15413 SW 31 ST

 City-St-Zip:
 DAVIE, FL 33324
 City-St-Zip:
 DAVIE, FL 33331

Title: VD ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 SLORP, MARK
 Name:
 GREEN, TODD

 Address:
 10690 SW 23RD ST.
 Address:
 2550 JARDIN WAY

 City-St-Zip:
 DAVIE, FL 33324
 City-St-Zip:
 WESTON, FL 33327

 Name:
 WINGATE, RICK
 Name:
 TRUSKE, THOMAS E

 Address:
 555 ANGLERS AVENUE
 Address:
 2470 POINCIANA CT.

 City-St-Zip:
 FT. LAUDERDALE, FL 33312
 City-St-Zip:
 WESTON, FL 33327

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: THOMAS E. TRUSKE TD 04/27/2006