
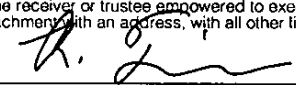


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 023 ****61.25

DOCUMENT # N96000005652 1. Entity Name SOUTHWESTERN PORT ST. LUCIE LITTLE LEAGUE, INC.					
Principal Place of Business 800 SW DARWIN BLVD PORT ST. LUCIE, FL 34953			Mailing Address 265 S.W. PORT ST. LUCIE BLVD. SUITE #192 PORT ST. LUCIE, FL 34984		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2150222 65-0551587	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OCTAVI, DANIEL 2301 SW IVORY ROAD PORT ST. LUCIE, FL 34953				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OCTAVI, DANIEL J		NAME		
STREET ADDRESS	2301 SW IVORY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIZZO, AL		NAME		
STREET ADDRESS	882 SW WORCHESTER LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIMARCO, ROBERT		NAME		
STREET ADDRESS	123 SW SEBRING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDDLETON, LISA		NAME		
STREET ADDRESS	2982 SW VAN BUREN		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: 			Robert Trimarco, Treasurer		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 1/14/06		
			<small>Daytime Phone #</small> 772/528-2205		