2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 26, 2007 8:00 am Secretary of State

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 Entity Name PLANTATION YOUTH SOCCER LEAGUE INC. 40024454 Principal Place of Business Mailing Address HOMEOWNER INCORPORATE CARROLLWOOD 11380 BROOKGREEN DR. 11380 BROOKGREEN DR. TAMPA, FL 33624 TAMPA, FL 33624 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 CR2E037 (12/06) City & State FEI Number NOT APPLICABLE City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KHALILI, MOHAMMAD 2727 W. FLETCHER 52B Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33618 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Carlos Rivera Delete TITLE Addition RIVERA, TONY NAME NAME 10905 N. Florence St STREET ADDRESS **4727 GROVE POINT** STREET ADDRESS Tampa, FL 33612 CITY - ST - ZIP TAMPA, FL 33824 CITY-ST-ZIP TITLE Delete TITLE Kyran James Change ▼ Addition KHAILI, MOHAMMAD NAME NAME 4×129 Atwater Dr. STREET ADDRESS 2727 W. FLETCHER 52B STREET ADDRESS Tampa, FL 33610 CITY-ST-ZIP **TAMPA, FL 33618** CITY-ST-ZIP TITLE ☐ Delete TITI F Lean Cailles ☐ Change Addition **GUTIERREZ. MARIA** 4504 Spanish Mass Circle NAME NAME STREET ADDRESS 2326 SOUTHERN LITES AVE STREET ADDRESS Tam Da, FL 33625 CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP TIT1 F TITLE ☐ Delete ☐ Change Addition PIMENTEL, RUDDY NAME NAME STREET ADDRESS 12730 N 17TH ST., APT E212 STREET ADDRESS TAMPA, FL 33612 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition SOKOL, MARLENE NAME NAME 4505 WHITWORTH STREET ADDRESS STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE PIMENTEL, JUDY NAME NAME 4733 W WATER AVE APT. 1620 STREET ADDRESS STREET ADDRESS TAMPA, FL 33614 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR