2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000004098  1. Entitly Name  NATIONAL YOUTH FOOTBALL LEAGUE, INC.				FILED Mar 13, 2006 08:00 AM Secretary of State				
Principal Place of Business 3200 NW 151ST TERRACE MIAMI FL 33054		Mailing Address PO BOX 601481 MIAMI FL 33060						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MC	OCRE CRZE037	7 (10/05)		
City & State		City & State		4. FEI Number	0-2355046	<del></del>	pplied For ot Applicat	
Zip	Country  5. Name and Address of Current	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
JACKSON, PHILLIP M 20216 NE 10TH COURT ROAD MIAMI FL 33179			Name Street Address City	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE	Signature typed in execution of registered agent FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Ca	E Registered Agent ingreduce requirements mpatgn Financing Contribution.	\$5.00 May Be Added to Fees	Make Chec Florida Depar			
10.	OFFICERS AND DI	RECTORS	T 11	ADDILLY MIC (CHANC)	ES TO OCCUSEDS AND D	OCCTODO A		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D DOSSIE, RICK 1180 NW 184 WAY PEMBROKE PINES FL 33029	Delete	11. TITLE NAME SPRELI ADDRESS CITY - 51-ZIP		es 10 officers and 0 1/00/10/1466/172 /22/06-80059-0	☐ Change	□ Adding	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, EDDY 13641 SW 21 STREET MIRAMAR FL 33027	☐ Delete	RITLE MAME STREET ADDRESS CITY-SI-ZIP			Change	∏ Adem	
HTLE MAME STREEF ADDRESS CITY-ST-ZIP	D DOUGLAS, DWAIN 3200 NW 151 TERRACE MIAMI FL 33054	☐ Dofets	THE MAME SIREET ADDRESS CITY-ST-ZIP			☐ Change	∏ Agen	
MAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, PHILLIP 20216 NE 10TH COURT ROAD MIAMI FL 33179	☐ Defete	tite Name Street address City-St-Zip			☐ Change	<b>□</b> #***	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS ETTY-ST-ZIP			☐ Change	□ Adr	
TITLE NAME STREET ADDRESS CSTY-ST-ZIP		☐ Deteto	THE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	□ Adir	
12. I hereby indicated of the course of change	certify that the information supplied with on this report or supplemental report in poration of the receiver or trustee emits, or on an attachment with an address	h this filing does not qualify s true and accurate and that cowered to execute this repo s, with all other like empowe	for the exemptions contain my signature shall have the rt as required by Chapter of red.	ned in Section 119, Flo e same legal effect as 617, Florida Statutes, a	rida Statutes I further ce if made under oath; that I and that my name appear	stify that the am an office sin Black to	nformation r of direction of Block t	