2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# N98000005536

Entity Name: TEMPLE TERRACE PONY BASEBALL, INC.

Current Principal Place of Business:

P.O. BOX 291964
TEMPLE TERRACE, FL 33687

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291964
TEMPLE TERRACE, FL 33687

New Mailing Address:

FEI Number: 65-0876420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESIDENT AGENT CORPORATION OF PINELLAS COU
970 TYRONE BLVD
ST. PETERSBURG, FL 33743 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: PD ( ) Delete
Name: ENDRIS, SCOTT
Address: 407 DRUID HILLS ROAD
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD ( ) Delete
Name: DIAZ, DAVID
Address: 28424 MEADOWRUSH WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TD ( ) Delete
Name: OSBORN, TONYA
Address: 5024 E. 111TH AVENUE
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: MORALES, WENDY
Address: 10021 HARRTS DRIVE
City-St-Zip: TAMPA, FL 33617

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:

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: SCOTT ENDRIS PD 04/23/2006

Electronic Signature of Signing Officer or Director — Date