


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90099 041 \*\*\*\*61.25

<b>DOCUMENT# N98000007126</b>	
1. Entity Name LIGHTNING BASEBALL BOOSTER CLUB, INC.	

Principal Place of Business C/O BARBARA GENER 19920 HIGHLAND LAKES BLVD MIAMI, FL 33179 US	Mailing Address SHARON LEECH 2565 NE 20TH ST NORTH MIAMI BEACH, FL 33180 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2405 NE 194 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Miami, FL
Zip	Zip 33180
Country	Country Dca

40109060



03072007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0882579	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEECH, SHARON 2565 NE 20TH ST NORTH MIAMI BEACH, FL 33180	7. Name and Address of New Registered Agent Name Abby Karr Street Address (P.O. Box Number is Not Acceptable) 2405 NE 194 Street City Miami FL Zip Code 33180
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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 Abby Karr Oblig Karr	DATE 4/27/07

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTETA, BENJAMIN 19841 NE 10 PL N MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Abby Karr 2405 NE 194 Street Miami, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IGLESIAS, JOSE M 138 SOUTH ISLAND GOLDEN BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Monte Perez 21021 NE 29 Court Miami, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEECH, SHARON 2565 NE 20TH ST NORTH MIAMI BEACH, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brian Adams 19941 NE 22nd Ave M, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARR, ABBY S 2405 NE 194TH ST MIAMI, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ellie Bates 801 NE 174 Street Miami, FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Abby Karr	DATE: 4/27/07	DAYTIME PHONE: (305) 794-0439
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