
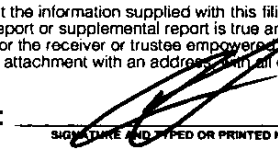


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90200 026 \*\*\*\*61.25

<b>DOCUMENT # N99000002161</b>		
1. Entity Name <b>PALM BEACH YOUTH BASKETBALL TRAVEL LEAGUE, INC.</b>		
Principal Place of Business <b>9868 SANDAL FOOT BLVD. SUITE #122 BOCA RATON, FL 33428</b>	Mailing Address <b>9868 SANDAL FOOT BLVD. SUITE #122 BOCA RATON, FL 33428</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BLEECHER, ALLAN 9868 SANDAL FOOT BLVD. #122 BOCA RATON, FL 33428</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BRADFORD, LANCE 9868 SANDAL FOOT BLVD. #122 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLEECHER, ALLAN 9868 SANDAL FOOT BLVD. #122 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 and all other like empowered.		
SIGNATURE: 		<b>3/28/06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>
		<small>Daytime Phone #</small>

4000000



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1052155</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**