2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006843

Entity Name: BRANDON LEAGUERETTES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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501 E SADIE ST BRANDON, FL 33510

Current Mailing Address: New Mailing Address:

C/O JORGE A TEJADA JR P.O. BOX 2323 235 W BRANDON BLVD, STE 181 VALRICO, FL 33595

BRANDON, FL 33511

FEI Number: 65-0990227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS ACCT CONSULT SOL, INC 235 W BRANDON BLVD STE 181 BRANDON, FL 33511 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:TEJADA, JR, JORGE AName:HERNANDEZ, PAULAddress:4635 TUCSON CTAddress:3406 SILVER GLEN CT

 Address:
 4635 TUCSON CT
 Address:
 3406 SILVER GLEN CT

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 PLANT CITY, FL 33566

 $\label{eq:title:title:vd} \mbox{Title:} \mbox{ VD } \mbox{ () Delete } \mbox{ Title: } \mbox{ VD } \mbox{ (X) Change () Addition}$

 Name:
 WOODS, LYNNE
 Name:
 TEJADA, KARIN

 Address:
 1910 BRANDON BROOK RD
 Address:
 4635 TUCSON CT

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33594

Title: SD () Delete Title: () Change () Addition

 Name:
 WILLIG, DENISE H
 Name:

 Address:
 1212 BARONWOOD PLACE
 Address:

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 HACIA, DONNA
 Name:

 Address:
 2819 DUNCAN TREE CIRCLE
 Address:

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KARIN M TEJADA VD 04/22/2009