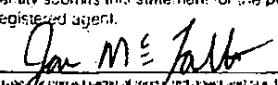
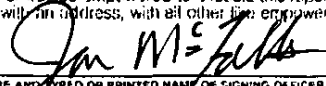


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (A-1)

37

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90026 042 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                        |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P02000069175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 |                                                                        |  |                                                                   |
| 1. Entity Name<br><b>SIMPLY THE BEST BASEBALL-SOFTBALL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                 |                                                                        |                                                                                   |                                                                   |
| Principal Place of Business<br><b>1312 N. EAST AVENUE<br/>PANAMA CITY FL 32401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                 | Mailing Address<br><b>1312 N. EAST AVENUE<br/>PANAMA CITY FL 32401</b> |                                                                                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | 3. Mailing Address                                                     |                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                 | Suite, Apt. #, etc.                                                    |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                 | City & State                                                           |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country              | Zip                             | Country                                                                | 4. FEI Number <b>04-3701978</b>                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                        | Applied For<br>Not Applicable                                                     |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                        | <b>\$8.75 Additional Fee Required</b>                                             |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MCFATTER, JON<br/>1312 N. EAST AVENUE<br/>PANAMA CITY FL 32401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 | 7. Name and Address of New Registered Agent                            |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 | Name                                                                   |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 | Street Address (P.O. Box Number is Not Acceptable)                     |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 | City                                                                   |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 | FL Zip Code                                                            |                                                                                   |                                                                   |
| 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  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                 |                                                                        |                                                                                   |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                        |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                 |                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                    | <input type="checkbox"/> Delete |                                                                        | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MCFATTER, JON        |                                 |                                                                        | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1312 N. EAST AVENUE  |                                 |                                                                        | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PANAMA CITY FL 32401 |                                 |                                                                        | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete |                                                                        | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 |                                                                        | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 |                                                                        | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 |                                                                        | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete |                                                                        | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 |                                                                        | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 |                                                                        | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 |                                                                        | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete |                                                                        | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 |                                                                        | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 |                                                                        | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 |                                                                        | CITY-ST-ZIP                                                                       |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete |                                                                        | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 |                                                                        | NAME                                                                              |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 |                                                                        | STREET ADDRESS                                                                    |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 |                                                                        | CITY-ST-ZIP                                                                       |                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 firm employees. |                      |                                 |                                                                        |                                                                                   |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                 |                                                                        | 3-31-08                                                                           |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                 |                                                                        |                                                                                   |                                                                   |