


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000117069
 1. Entity Name
 TOTAL BASEBALL INSTRUCTION, INC.



Principal Place of Business Mailing Address
 1360 HAMPSTEAD TERRACE 1360 HAMPSTEAD TERRACE
 OVIEDO, FL 32765 US OVIEDO, FL 32765 US

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 04-3721067 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KESSINGER, CHRIS A
 1360 HAMPSTEAD TERRACE
 OVIEDO, FL 32765

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000120703
 04/20/04-80021-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KESSINGER, CHRIS A
STREET ADDRESS	1360 HAMPSTEAD TERRACE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VP
NAME	KESSINGER, MELISSA D
STREET ADDRESS	1360 HAMPSTEAD TERRACE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 like empowered.

SIGNATURE: Chris Kessinger 4/16/04 407 923 7692
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #