2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029865

Entity Name: PROFESSIONAL SOFTBALL LEAGUE OF AMERICA, INC.

FILED Aug 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1515 N. FEDERAL HWY 19510 SATURNIA LAKES DR. BOCA RATON, FL 33498 218

BOCA RATON, FL 33432 US

New Mailing Address: Current Mailing Address:

1515 N. FEDERAL HWY 19510 SATURNIA LAKES DR. BOCA RATON, FL 33498

BOCA RATON, FL 33432 US

FEI Number: 74-3114823 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:

ARESTY, MAURICE E ARESTY, MAURICE E 19510 SÁTURNIA LAKES DR. 1515 N. FEDERAL HWY BOCA RATON, FL 33498 BOCA RATON, FL 33432 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: 08/31/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ARESTY, MAURICE E ARESTY, MAURICE E Name: Name: 1515 N. FEDERAL HWY #218 Address: 19510 SATURNIA LAKES DR. Address: City-St-Zip: BOCA RATON, FL 33432 US City-St-Zip: BOCA RATON, FL 33498 US

() Delete Title: VΡ Title: () Change () Addition

PETRA, CRAIG Name: Name: 3700 GALT OCEAN DR #908 Address: Address: FT. LAUDERDALE, FL 33308 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MAURICE ARESTY 08/31/2006