


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000046089</b> 1. Entity Name <b>LEAGUE INVESTMENTS, INC.</b>	
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Principal Place of Business <b>6496 SW 191 AVE</b> <b>PEMBROKE PINES, FL 33332</b>	Mailing Address <b>6496 SW 191 AVE</b> <b>PEMBROKE PINES, FL 33332</b>
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2576916</b>	Applied For <input type="checkbox"/> 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  <b>MEHAN, MANOJ</b> <b>6496 SW 191 AVE</b> <b>PEMBROKE PINES, FL 33332</b>	DO NOT WRITE IN THIS SPACE
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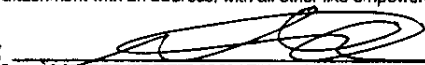
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	MEHAN, MANOJ	
STREET ADDRESS	6496 SW 191 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33332	
TITLE	VP	
NAME	PABBI, SHIVLAL	
STREET ADDRESS	6496 SW 191 AVE	U00000896837 04/25/08-80024-004 150.00
CITY-ST-ZIP	PEMBROKE PINES, FL 33332	
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 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:**  \_\_\_\_\_

Date: **04/28/08** Daytime Phone #: **954-538-1488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR