2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/30/2008-90201-018-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04152008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000134475

1. Entity Name
NEXT TOURNAMENT LEAGUE INC.

Principal Place of Business	Mailing Address
2096 N. COURTENAY PKWY. MERRITT ISLAND, FL 32952 US	2096 N. COURTENAY PKWY. MERRITT ISLAND, FL 32952 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32953 Country	Zip 32953 Country

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, HECTOR L
2096 N. COURTENAY PKWY.
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 32953

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, S HERNANDEZ, HECTOR L 2096 N. COURTENAY PKWY. MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HERNANDEZ, HECTOR L. 2096 N. COURTENAY PKWY. MERRITT ISLAND, FL 32953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T, D HERNANDEZ, HECTOR L 2096 N. COURTENAY PKWY. MERRITT ISLAND, FL 32952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: x Hector Hernandez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-15-08
Daytime Phone #: 3218638623

KS