2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P95000033649 1. Entity Name BASEBALL BASICS, INC. Principal Place of Business Mailing Address 926 E OLEANDER 102 ELM SQUARE S. LAKELAND, FL 33801 LAKELAND, FL 33813 US CR2E034 (11/05) 04142006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3319103 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMPBELL, MICHAEL L DO NOT WRITE 102 ELM SQS LAKELAND, FL 33813 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CAMPBELL, MICHAEL L NAME STREET ADDRESS 102 ELM SQ S GITY-ST-ZIP LAKELAND, FL 33813 THE U00000529277 05/05/06-80072-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 affactment with an address, with all object like empowered.

SIGNATURE:

STREET ACORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED