


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90053 013 ***150.00

DOCUMENT # F03000000056	
1. Entity Name MAJOR LEAGUE ALUMNI MARKETING, INC.	

Principal Place of Business 1631 MESA AVENUE, SUITE B COLORADO SPRINGS CO 80906	Mailing Address 5027 BACKLICK RD ANNADALE VA 22003
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number **25-1604731** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TORGUSON, CHRISTOPHER
TROPICANA FIELD, ONE TROPICANA DR
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SEAUER, TOM	
STREET ADDRESS	1761 DIAMOND MOUNTAIN ROAD	
CITY- ST- ZIP	CALISTOGA CA 74515	
TITLE	V	<input type="checkbox"/> Delete
NAME	WINFIELD, DAVE	
STREET ADDRESS	2235 STRATFORD CIRCLE	
CITY- ST- ZIP	BEL AIR CA 90077	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOORE, SAMUEL N	
STREET ADDRESS	5027 BACKLICK ROAD	
CITY- ST- ZIP	ANNADALE VA 22003	
TITLE	C	<input type="checkbox"/> Delete
NAME	CHANEY, DARRELL	
STREET ADDRESS	289 SKYLAKE	
CITY- ST- ZIP	SAUTEE NACOOCHEE GA 30571	
TITLE	VC	<input type="checkbox"/> Delete
NAME	JENKINS, FERGIE	
STREET ADDRESS	ROUTE 1, BOX 1202	
CITY- ST- ZIP	GUTHRIE OK 73044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel N. Moore	
STREET ADDRESS	5027 Backlick Road	
CITY- ST- ZIP	Annandale, VA 22003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Samuel N. Moore Samuel N. Moore, Asst. Sec. 2/7/07 (703) 941-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #