

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44678

FILED
Feb 24, 2006
Secretary of State

Entity Name: MEETING PROFESSIONALS INTERNATIONAL INCORPORATED

Current Principal Place of Business:

250 WILSHIRE BLVD.
#179
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 25282
TAMPA, FL 336225282 US

New Mailing Address:

250 WILSHIRE BLVD.
179
CASSELBERRY, FL 32707 US

FEI Number: 31-1135141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, TIM
250 WILSHIRE BLVD.
#179
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FITZGERALD, RUTH
Address: 1425 MAGNOLIA DR.
City-St-Zip: CLEARWATER, FL 33756

Title: ED () Delete
Name: MORRISON, TIM
Address: 250 WILSHIRE BLVD., # 179
City-St-Zip: CASSELBERRY, FL 32707

Title: PE () Delete
Name: WHALEN, KIRK
Address: 2112 FAWN MEADOW DR.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WHALEN, KIRK
Address: 2112 FAWN MEADOW DR.
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: HALL, LIZ
Address: 880 CARILLON PKWY
City-St-Zip: ST. PETERSBURG, FL 33716

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM MORRISON

ED

02/24/2006

Electronic Signature of Signing Officer or Director

Date