## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 525664**

FILED Apr 19, 2007 Secretary of State

Entity Name: CONVENTION PLANNING SERVICES, INC.

urrent Principal Place of Business:		New Principal Place of Business:		
	ANDO CENTRA D, FL 32809	_ PKWY		
ırrent N	lailing Address	:	New Mailing Addre	ess:
	ANDO CENTRA D, FL 32809	_ PKWY		
l Number	: 59-1723972	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ıme and	l Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
50 COV AITLANI	,	JS		
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
GNATUI	RE:			
	Electronic	Signature of Registered Age	ent	Date
ction Ca		Signature of Registered Age rust Fund Contribution ( ).	ent	Date
		rust Fund Contribution ( ).		Date GES TO OFFICERS AND DIRECTOR
	mpaign Financing 1	rust Fund Contribution ( ).  DRS: elete ELD RD		
FICER: e: ne: lress:	S AND DIRECTO  CEO () D  TATE, WILLIAM A 2931 SUMMERFI	Trust Fund Contribution ( ).  DRS: elete ELD RD L 32792 US elete N L RD	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
e: ne: lress: -St-Zip: e: ne: lress:	S AND DIRECTOR  CEO () D  TATE, WILLIAM A  2931 SUMMERFI  WINTER PARK, F  S () D  DECKER, SHARO 212 ROBIN LEE F	Frust Fund Contribution ( ).  DRS: elete  ELD RD L 32792 US elete N L RD 355 US elete A DNY RD.	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
e: ne: ress: r-St-Zip: e: ne: ress: r-St-Zip: e: ne: ress:	S AND DIRECTO  CEO () D  TATE, WILLIAM A  2931 SUMMERFI WINTER PARK, F  S () D  DECKER, SHARO 212 ROBIN LEE F  OVIEDO, FL 327  T () D  LATIMER, DUANE 1950 COVE COLO	Frust Fund Contribution ( ).  DRS: elete ELD RD L 32792 US elete N L RD 35 US elete E A DNY RD. 2751 US elete ELD RD	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition

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

SIGNATURE: JOHN A TATE P 04/19/2007