

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001358

FILED
Feb 02, 2006
Secretary of State

Entity Name: BLACK TIE EVENT SERVICES, INC

Current Principal Place of Business:

1515 CANAL STREET
LOCKPORT, IL 60441

New Principal Place of Business:

Current Mailing Address:

1515 CANAL STREET
LOCKPORT, IL 60441

New Mailing Address:

FEI Number: 36-4253190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MEEGAN, PHILLIP K
Address: 1515 CANAL STREET
City-St-Zip: LOCKPORT, IL 60441

Title: DIR () Delete
Name: MCENERY, WILLIAM J
Address: 160 LAGRANGE ROAD
City-St-Zip: FRANKFORT, IL 60423

Title: TREAS () Delete
Name: MEEGAN, PHILLIP K
Address: 1515 CANAL STREET
City-St-Zip: LOCKPORT, IL 60441

Title: SEC () Delete
Name: MCENERY, WILLIAM J
Address: 160 LAGRANGE ROAD
City-St-Zip: FRANKFORT, IL 60423

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PHILLIP K MEEGAN

PRES

02/02/2006

Electronic Signature of Signing Officer or Director

Date