2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # F95000003736 1. Entity Name ALLIED CONVENTION SERVICE, INC.						03-31-2008 90013 030 ***158.75					
Principal Plac	e of Business	Mailing Address									
2502 LAKE (2502 LAKE ORANGE DR									
ORLANDO, FL 32837		ORLANDO, FL 32837				٠. ٠.					
					1		Tanak anni arda ardin 41				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State				4. FEI Numbe 59-294				plied For t Applicable	
Zip	Country	Zip	_ Country			5. Certificate	of Status Desired-		8.75 Add		
	6. Name and Address of Current	Address of Current Registered Agent		1		7. Name and Address of New Register					
U. Hallis and Address of Culture Registered Again.				Name							
CFRA, LLC				Street Address (P.O. Box Number is Not Acceptable)							
CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR				Street A	a) esercio	P.O. Box Numbe	er is Not Acceptab	ю)			
TAMPA, FL 33607-5736											
'				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									and accept		
the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						00 May Be ed to Fees	·			!	
10. OFFICERS AND DIRECTORS 1			11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	, (p		TITU	Ε	V	0 4			Change	Addition	
NAME	· · · · · · · · · · · · · · · · · · ·		NAM		Joh.	N C.CA	SEY				
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL 32837			STREET ADDRESS 460		N C.CASEY TERUSIEN RU ASSET MA. CAOST					
TITLE	7		TITL		Sone	955ET, "	H. CHUDE	,	☐ Change	☐ Addition	
NAME			NAM						onango		
STREET ADDRESS	2211 BROADWAY, N.E.		STRE	STREET ADDRESS							
CITY-ST-ZIP	MINNEAPOLIS, MN		CITY	CITY-ST-ZIP							
TITLE	S Delete			TITLE NAME					☐ Change	☐ Addition	
NAME STREET ADDRESS	CAHILL, GEORGE F ONE CENTER PLAZA			ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE	TD	Delete		TITLE					☐ Change	Addition	
NAME	MCNEILL, EDWARD J			NAME							
STREET ADDRESS CITY-ST-ZIP	8346 LAKE BURDEN CIRCLE ORLANDO, FL 32837			STREET ADDRESS CITY-ST-ZIP							
TITLE	<u> </u>			IITLE					☐ Change	Addition	
NAME	CASEY, TIMOTHY C	_ 20.000	NAM						*		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	BRIGHTON, MA			-ST-ZIP							
TITLE NAME		☐ Delete	TITL						Change	☐ Addition	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
40 ()	south, that the information a maline with	Alle Cites de la companya de la			- notainad	Lie Chapter 110	Elecido Statutos	1 di calman a a sali	shart that le	dermotion	

12. I hereby 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 cath; 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 chapter in the contained of the corporation or an attachment with an address with all other like empowered.

SIGNATURE:

Chapter T. Permark 3/21/09 4/07-851-031. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles T. Perman 3/81/08 407-851-026/