

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70045

FILED
Mar 21, 2006
Secretary of State

Entity Name: FLORIDA MEETING PLANNERS, INC.

Current Principal Place of Business:

1015 INVERNESS AVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

1015 INVERNESS AVE
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-2353093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNNE M. SONANDRES
1015 INVERNESS AVE
MELBOURNE, FL 32940 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: P () Delete
Name: SONANDRES, LYNNE M,
Address: 1015 INVERNESS AVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: S () Delete
Name: SONANALES, DONALD C
Address: 1015 INVERNESS AVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: T () Delete
Name: LUNNEN, ERIC A
Address: 355 MILANO LANE
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: HAISLIP, STEPHANIE A
Address: 717 E. AMERICAN EAGLE DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

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: LYNNE M SONANDRES

PRES

03/21/2006

Electronic Signature of Signing Officer or Director

_____ Date