


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001183	
1. Entity Name EUROPEAN CHAMBER OF COMMERCE OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 1255 CREEKSIDE PKWY. NAPLES, FL 34108	Mailing Address 1255 CREEKSIDE PKWY. NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0996959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHIPP, THOMAS E JR. 4223 DEL PRADO BLVD CAPE CORAL, FL 33904

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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 accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER-CHRISTIANS, MICHAEL 1255 CREEKSIDE PKWY. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEHBE-DENNEN, CANDACE 1255 CREEKSIDE PKWY. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAKE, ARNOLD J 1255 CREEKSIDE PKWY. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DIXON 1255 CREEKSIDE PKWY. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLZ, SABINE 1255 CREEKSIDE PKWY. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEYER, BARBARA 1255 CREEKSIDE PARKWAY NAPLES, FL 34108

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U00000826757
02/21/08-80062-009 61.25

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sabine Scholz Sabine Scholz 02-11-08 239-593-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #