

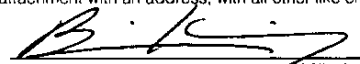


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90036 041 ****80.00

DOCUMENT # N00000004490					
1. Entity Name FLORIDA BUSINESS PROFESSIONALS OF AMERICA, INC.					
Principal Place of Business 130 ANCHOR DRIVE PONCE INLET, FL 32127 US			Mailing Address P O BOX 15012 PLANTATION, FL 33318-5012 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06252007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-1020378	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERRI, ANTHONY J 9726 W SAMPLE RD CORAL SPRINGS, FL 33065				Name Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYCOCK, PEGGY H 130 ANCHOR DRIVE PONCE INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, SHERYL 28603 FAIRWEATHER DR. WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Lamar 2166 NW 50 Terrace Ft. Lauderdale, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORMAN, PATRICIA 3050 NW 41 STREET LAUDERDALE LAKES, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, BEVERLY 847 NW 79 TERR PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD King, Brian 198 NW 10 Avenue Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIEVE, BELINDA 2376 SWEETWATER BLVD SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARITA, MARTHA 865 SOUTH COUNTY ROAD 427 LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <i>Brian King, Treasurer</i> 6/27/07 754-321-2640					