2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

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Entity Name: EXECUTIVE LEADERSHIP ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

C/O BROWARD SHERIFF'S OFFICE
2601 WEST BROWARD BLVD.
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

C/O BROWARD SHERIFF'S OFFICE
2601 WEST BROWARD BLVD.
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 01-0648996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEL, WILLIAM
7515 PINE ISLAND ROAD
TAMARAC, FL 33321 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FRIEL, WILLIAM	
Address:	7515 PINE ISLAND ROAD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	( ) Delete
Name:	SPADARO, KIM	
Address:	555 SE 1 AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	DICKSON, TOM	
Address:	11610 N.W. 21 COURT	
City-St-Zip:	PLANTATION, FL 33323	
Title:	D	( ) Delete
Name:	COSMAR, GREG	
Address:	311 SOUTH STATE ROAD 7	
City-St-Zip:	POMPANO BEACH, FL 33068	

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FRIEL PRES 01/07/2005

Electronic Signature of Signing Officer or Director — Date