2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003105

FILED May 14, 2005 Secretary of State

Entity Name: WESTON BUSINESS CHAMBER OF COMMERCE, INC.

	rincipal Place of Business:	New Principal Place of Business:
SUITE 102	RTHPARK DR 2 , FL 33326	2800 WESTON ROAD WESTON, FL 33331
Current M	lailing Address:	New Mailing Address:
SUITE 102	RTHPARK DR 2 , FL 33326	2800 WESTON ROAD WESTON, FL 33331
n accordan	r: 01-0688729 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did i	•
vame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1535 NOR SUITE 101	S, FREDERICK RTHPARK DRIVE 1 , FL 33326 US	
he above the Stat	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered A	gent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
itle: lame: ddress: city-St-Zip:	P () Delete TEMPLIN, TODD 1776 N PINE ISLAND RD #320 PLANTATION, FL 33322	Title: () Change () Addition Name: Address: City-St-Zip:
itle: ame: ddress:	D () Delete CAMERON, TOM 2200 N COMMERCE PKWY WESTON, FL 33326	Title: () Change () Addition Name: Address: City-St-Zip:
ity-St-Zip:		
itle: lame: ddress:	D () Delete KALLMAN, TOM 1535 NORTHPARK DR STE 102 WESTON, FL 33326	Title: () Change () Addition Name: Address: City-St-Zip:
city-St-Zip: itle: lame: ddress: city-St-Zip: itle: lame: ddress: city-St-Zip:	KALLMAN, TOM 1535 NORTHPARK DR STE 102	Name: Address:
itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	KALLMAN, TOM 1535 NORTHPARK DR STE 102 WESTON, FL 33326 D () Delete BURGESS, FREDERICK M 1535 NORTHPARK DR STE 101	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: FREDERICK BURGESS D 05/14/2005