## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006854

City-St-Zip:

Entity Name: VETERANS DAY PARADE GROUP INC.

FILED Apr 29, 2007 Secretary of State

Littly Nai	HE. VETERA	NO DAT FARADE GROOF, IN	C.			
Current P	rincipal Place	of Business:	New Principal Place of Business:			
101 E. KEN TAMPA, FL	NNEDY BLVD. _ 33602	, SUITE 2000				
Current M	ailing Addres	s:	New Mailing Address:			
101 E. KEN TAMPA, Fl	NNEDY BLVD. _ 33602	, SUITE 2000				
FEI Number: 22-3871263 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certificate of Status Desired (X)			
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
	H, ANDREW L NNEDY BLVD. _ 33602 US	, SUITE 2000				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Ager			ent	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () BOYLE, BRIAN 15149 NIGHTH TAMPA, FL 33	AWK DR.	Title: Name: Address: City-St-Zip:	C ( BOYLE, BRIA 15149 NIGHT TAMPA, FL 3	HAWK DR.	
Title: Name: Address: City-St-Zip:	D ( ) DURAN, RAFAE 8705 BAY CRE TAMPA, FL 33	ST LANE	Title: Name: Address: City-St-Zip:	D ( DURAN, RAF, 8705 BAY CR TAMPA, FL 3	REST LANE	
Title: Name: Address: City-St-Zip:	ROQUE, E. RO	RVATION DRIVE	Title: Name: Address: City-St-Zip:	KRUSE, DON	BRIDGE BLVD.	
Title: Name: Address: City-St-Zip:	D ( ) JACOBS, GER/ 7716 BRETTON TAMPA, FL 33	IWOOD DRIVE	Title: Name: Address: City-St-Zip:	JACOBS, GE	ONWOOD DRIVE	
Title: Name: Address:		Delete	Title: Name: Address:	D ( FOGARTY, M 10110 LINDE		

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TAMPA, FL 33618 US

SIGNATURE: BRIAN P. BOYLE C 04/29/2007