

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 25, 2006
Secretary of State

DOCUMENT# N03000010631

Entity Name: ROTARY STUDENT VISITORS PROGRAM OF DISTRICT 6990, INC.**Current Principal Place of Business:**150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130**New Principal Place of Business:****Current Mailing Address:**150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130**New Mailing Address:****FEI Number:** 20-0471244**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FREED, OWEN S
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 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: FREED, OWEN S
Address: 150 W FLAGLER ST
City-St-Zip: MIAMI, FL 33130**Title:** D () Delete
Name: BENSON, ROLAND J
Address: 303 S.E. 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316**Title:** D () Delete
Name: MARTIN, JACK
Address: 4000 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL 33146**Title:** D () Delete
Name: WIGGINS, JAMES R
Address: 14500 SW 84TH AVE
City-St-Zip: MIAMI, FL 33158**Title:** D () Delete
Name: BURNAV, TOM
Address: 2000 LALE POINT DR
City-St-Zip: WESTON, FL 33326**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:**Title:** D (X) Change () Addition
Name: NORTON, JIM
Address: 210 CAMERON COURT
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: OWEN S. FREED

D

08/25/2006

Electronic Signature of Signing Officer or Director

Date