

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007112

FILED
Mar 10, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA ENGINEERS' WEEK, INC.

Current Principal Place of Business:

531 VERSAILLES DRIVE
SUITE 202
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

531 VERSAILLES DRIVE
SUITE 202
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 51-0515289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACKEY, ROBERT P.E.
531 VERSAILLES DRIVE
SUITE 202
MAITLAND, FL 32751 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: P () Delete
Name: MADHANAGOPAL, TIM P.E.
Address: 1621 SOUTH ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32828

Title: VP () Delete
Name: MACKEY, ROBERT P.E.
Address: 531 VERSAILLES DRIVE, #202
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: LAMB, MATTHEW P.E.
Address: 482 SOUTH KELLER ROAD
City-St-Zip: ORLANDO, FL 32801

Title: SEC () Delete
Name: GIMPELSON, LAURA P.E.
Address: 1905 ONAKA ROAD
City-St-Zip: ORLANDO, FL 32839

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: FRIIS, DONNA
Address: 2301 MAITLAND CENTER PARKWAY, #300
City-St-Zip: MAITLAND, FL 32751

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.

SIGNATURE: ROBERT MACKEY

VP

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date