2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

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Entity Name: PROFESSIONAL TOUR GUIDE ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

21230 NE 23 COURT
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

21230 NE 23 COURT
MIAMI, FL 33180

New Mailing Address:

FEI Number: 20-2183027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAMATOPOULOS, HELENA
21230 NE 23 COURT
MIAMI, FL 33180 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: DP ( ) Delete
Name: RAMANI, NAVIN
Address: 199 OCEAN LANE DR., STE. 110
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVP ( ) Delete
Name: PAPPAS, ATHENA
Address: 4170 LOS ALTOS COURT
City-St-Zip: NAPLES, FL 31409

Title: DS ( ) Delete
Name: WOOD, CAROLYN LOUISE
Address: 275 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DT ( ) Delete
Name: STAMATOPOULOS, HELENA
Address: 21230 NE 23 COURT
City-St-Zip: MIAMI, FL 33180

Title: D (X) Delete
Name: DORAN, KEVIN
Address: 5700 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Delete
Name: SALEMI, JORGE ANN
Address: 1280 S. ALHAMBRA, STE. 1307
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: DORAN, KEVIN
Address: 5700 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

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: ( ) 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 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: KEVIN DORAN DP 04/27/2006

Electronic Signature of Signing Officer or Director — Date