2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# N06000012213

Entity Name: EMERALD COAST BUSINESS LEADERSHIP NETWORK INC.

Current Principal Place of Business:

M.T.I.
70 READY AVENUE NW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

M.T.I.
70 READY AVENUE NW
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 32-0193103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLLARN, SHERYL
M.T.I.
70 READY AVENUE NW
FORT WALTON BEACH, FL 32548 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: PETRULLI, TRISHA
Address: 7259 FRANKFORT STREET
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: HOWARD, MARGIE
Address: 1719 TURKEY OAK DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: CLARK, KIM
Address: 708 RANDALL ROBERTS ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete
Name: MALLORY, KEN
Address: 571 ROUGH LEAF LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete
Name: SCOTT, SHEILA
Address: 108 COUNTRY CLUB DRIVE
City-St-Zip: SHALIMAR, FL 32597

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHERYL HOLLARN PRES 05/24/2007
Electronic Signature of Signing Officer or Director — Date