2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004651

FILED May 29, 2008 Secretary of State

Entity Name: MELBOURNE BEACH HOSPITALITY ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5505 N ATLANTIC AVE 1441 S MIRAMAR AVE SUITE 207 INDIALANTIC, FL 32903 COCOA BEACH, FL 32931 **New Mailing Address: Current Mailing Address:** 5505 N ATLANTIC AVE 1441 S MIRAMAR AVE SUITE 207 INDIALANTIC, FL 32903 COCOA BEACH, FL 32931 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: MCPHILLIPS, JACQUELINE 1441 S MIRAMAR AVE INDIALANTIC, FL 32903 US 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: JACQUELINE MCPHILLIPS 05/29/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ALSHAIBI, RAELD Name: Name: Address: 3101 N HWY A1A Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: () Delete Title: (X) Change () Addition DEXHEIMER, JIM Name: Name: MCPHILLIPS, JACQUELINE Address: 3003 N HWY A1A Address: 1441 S MIRAMAR AVE City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903 Title: () Delete Title: () Change () Addition GAINES, DENISE Name: Name: 2605 N HWY A1A Address: Address: City-St-Zip: INDIALANTIC, FL 32903 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: JACQUELINE MCPHILLIPS VP 05/29/2008