2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07880

FILED Jul 15, 2008 Secretary of State

Entity Name: APOLLO BEACH CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

223 FLAMINGO DRIVE APOLLO BEACH, FL 33572

Current Mailing Address: New Mailing Address:

P O BOX 3686 APOLLO BEACH, FL 33572

FEI Number: 59-2622690 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: Name and Address of New Registered Agent:

PETERSON, MICHAEL L 218 APOLLO BEACH BOULEVARD APOLLO BEACH, FL 33572 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:

Clarkers is Circusture of Decistors of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 PROULX, RONALD
 Name:
 LALONDE, MARGARET

 Address:
 4016 STATE RD 674
 Address:
 903 SAGO PALM WAY

 City-St-Zip:
 SUN CITY CENTER, FL 33573
 City-St-Zip:
 APOLLO BEACH, FL 33572

Title: VP () Delete Title: VP (X) Change () Addition Name: PERSON, DONALD Name: WHITMYER, JODY

 Name:
 PERSON, DONALD
 Name:
 WHITMYER, JODY

 Address:
 PO BOX 3739
 Address:
 1406 BEACH CLUB LN

 City-St-Zip:
 APOLLO BEACH, FL 33572
 City-St-Zip:
 APOLLO BEACH, FL 33572

Title: SD () Delete Title: SD (X) Change () Addition Name: LALONDE, MARGARET Name: DENNEY, BONNIE

 Address:
 903 SAGO PALM WAY
 Address:
 6530 HWY 41 N

 City-St-Zip:
 APOLLO BEACH, FL 33572
 City-St-Zip:
 APOLLO BEACH, FL 33572

Title: TD () Delete Title: TD (X) Change () Addition

Name:WILSON, JOHNName:MARTIN, JAMESAddress:210 APOLLO BEACH BLVD.Address:220 LAKEWAY LNCity-St-Zip:APOLLO BEACH, FL 33572City-St-Zip:APOLLO BEACH, FL 33572

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: JAMES MARTIN TD 07/15/2008