2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# N10047

Entity Name: FLORIDA BUSINESS BROKERS ASSOCIATION, INC.

Current Principal Place of Business:

9900 W SAMPLE RD
STE 338
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

9900 W SAMPLE RD
STE 338
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-2976465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEICOR CONSULTING, INC.
815 ORIENTA AVE
2020
ALTAMONTE SPRINGS, FL 327015600 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: DC ( ) Delete
Name: WEINROTH, ROBERT S
Address: 9900 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: DS ( ) Delete
Name: GREEN, RICHARD
Address: 3701 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103 US

Title: DT ( ) Delete
Name: KOPHAMMER, LOIS
Address: 88 RIBERIA STREET, SUITE 250
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DVP ( ) Delete
Name: LEHMANN, KEITH
Address: 815 ORIENTA AVE STE 2020
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

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:

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: KEITH LEHMANN DVP 02/14/2006

Electronic Signature of Signing Officer or Director — Date