2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N14106

Entity Name: FLORIDA FEDERATION OF FAIRS AND LIVESTOCK SHOWS

Current Principal Place of Business:

P.O. BOX 1657
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

12802 BALM BOYETTE RD
RIVERVIEW, FL 33569 US

Current Mailing Address:

7108 FAIRWAY DRIVE
SUITE 200
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 59-2627216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, JOHN FENN ESQ
7108 FAIRWAY DRIVE
SUITE 200
PALM BEACH GARDENS, FL 33418 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: PD ( ) Delete
Name: CHOURIS, VICKI
Address: P.O. BOX 210367
City-St-Zip: WEST PALM BEACH, FL 33421 US

Title: 1VPD ( ) Delete
Name: MOSLEY, ALTA
Address: 11831 BAYSHORE ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: STD ( ) Delete
Name: JOHNSON, ELLANY
Address: PO BOX 1869
City-St-Zip: PLAN CITY, FL 33564 US

Title: 2VPD ( ) Delete
Name: GRASKA, DORIS
Address: 3600 S. FLORIDA AVE
City-St-Zip: INVERNESS, FL 34450 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: MCINTYRE, ARTIE
Address: 756 MAGNOLIA AVENUE
City-St-Zip: SEBRING, FL 33871 US

Title: PD (X) Change ( ) Addition
Name: MOSLEY, ALTA
Address: 11831 BAYSHORE ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: 2VPD (X) Change ( ) Addition
Name: JOHNSON, ELLANY
Address: 2202 W. REYNOLDS STREET
City-St-Zip: PLAN CITY, FL 33564 US

Title: 1VPD (X) Change ( ) Addition
Name: GRASKA, DORIS
Address: 3600 S. FLORIDA AVE
City-St-Zip: INVERNESS, FL 34450 US

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: ALTA MOSLEY P 04/24/2007

Electronic Signature of Signing Officer or Director — Date