2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19418

Apr 27, 2006 Secretary of State

Entity Name: DAYTONA BEACH AREA CONVENTION AND VISITORS BUREAU, INC.

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

126 E. ORANGE AVENUE P. O. BOX 910 DAYTONA BEACH, FL 32115

New Mailing Address: Current Mailing Address:

126 E. ORANGE AVENUE P. O. BOX 910 DAYTONA BEACH, FL 32115

FEI Number: 59-2778577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

O' SHAUGHNESSY, JIM O' SHAUGHNESSY, JIM Name: Name:

PO BOX 2811 Address: PO BOX 2811 Address: DAYTONA BEACH, FL 32115

City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32115

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

Name: BOGER, ERNEST Name: FAGAN, CHRIS

Address: 640 DR. MARY MCLEOD BETHUNE DR. Address: 1798 W. INTERNATIONAL SPEEDWAY BLVD.

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114

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

FARLEY, STEVE Name: MOLNAR, FRANK Name: 9 SOUTH WILD OLIVE AVE. 2435 S. ATLANTIC AVENUE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: DAYTONA BEACH, FL 32118

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: JIM O'SHAUGHNESSY С 04/27/2006