


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19462</b>	
1. Entity Name FLORIDA ASSOCIATION FOR NUCLEATION AND CONVENTIONS, INC.	

Principal Place of Business C/O BECKY D PETERS 3050 NE 47TH COURT #406 FORT LAUDERDALE, FL 33308	Mailing Address C/O BECKY D PETERS 3050 NE 47TH COURT #406 FORT LAUDERDALE, FL 33308
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04072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2877304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PETERS, BECKY D  
3050 N.E. 47TH COURT., #406  
FT LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000706818 04/24/07-80048-021 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SICLARI, JOSEPH 661 HANOVER STREET YORKTOWN HEIGHTS, NY 10598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERZ, MELAINE 2517 MANOR DRIVE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERS, BECKY D 3050 N.E. 47TH COURT., #406 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD OLSEN, MARK 10 SHAMUL TERRACE FRAMINGTON, MA 01701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD WEAVER, JOHN N 523 SAMUEL HUNTINGTON ST ORANGE PARK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD VEAL, TOM 3000 NORTH SHERIDAN RD., #2C CHICAGO, IL 60657

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/9/07** **954-492-1802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #