2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# N21482

Entity Name: GREATER ORLANDO AREA CHAPTER OF MEETING PROFESSIONALS INTERNATIONAL, INC.

Current Principal Place of Business:

250 WILSHIRE BLVD.
SUITE 179
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

250 WILSHIRE BLVD.
SUITE 179
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 31-1135128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, TIM
250 WILSHIRE BLVD.
SUITE 179
CASSELBERRY, FL 32707 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: ED ( ) Delete
Name: MORRISON, TIM
Address: 250 WILSHIRE BLVD., SUITE 179
City-St-Zip: CASSELBERRY, FL 32707 US

Title: PRES ( ) Delete
Name: RICE, STEVE
Address: 8444 INTERNATIONAL DR.
City-St-Zip: ORLANDO, FL 32819

Title: PE ( ) Delete
Name: RAGAZZO, HOLLY
Address: PO BOX 22804
City-St-Zip: LAKE BUENA VISTA, FL 32830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: RICE, STEVE
Address: 2900 PARKWAY BLVD
City-St-Zip: KISSIMMEE, FL 34747

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: TIM MORRISON ED 02/08/2007

Electronic Signature of Signing Officer or Director — Date