

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50837

FILED
May 02, 2008
Secretary of State

Entity Name: WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

C/O 2216 MALLARD CIRCLE
WINTER PARK, FL 32879 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 163238
ALTAMONTE SPRINGS, FL 327163238 US

New Mailing Address:

FEI Number: 59-3150622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MUCCIGROSSO, JOHN T
2216 MALLARD CIRCLE
WINTER PARK, FL 32789 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: MEDICI, ED
Address: 6649 ARMORY COURT SUITE 10
City-St-Zip: WINTER PARK, FL 32792 US

Title: VPD () Delete
Name: SECKBACH, SIM
Address: 420 MELROSE AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: TR () Delete
Name: MUCCIGROSSO, JOHN T
Address: 2216 MALLARD CIRCLE
City-St-Zip: WINTER PARK, FL 32789 US

Title: PPD () Delete
Name: FORNER, DOUG
Address: 101 CHANNEL DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARINI, TRACY
Address: P.O. BOX 163238
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: VPD (X) Change () Addition
Name: SUTTERBY, AMY
Address: P.O. BOX 163238
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

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 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: JOHN T MUCCIGROSSO

Electronic Signature of Signing Officer or Director

TRS

05/02/2008

Date