2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50837

FILED Apr 29, 2009 Secretary of State

Entity Name: WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.

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

C/O 2216 MALLARD CIRCLE

WINTER PARK, FL 32879 US

C/O 939 SILVERTON LOOP

LAKE MARY, FL 32746 US

Current Mailing Address: New Mailing Address:

P.O. BOX 163238

ALTAMONTE SPRINGS, FL 327163238 US

FEI Number: 59-3150622 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:

MUCCIGROSSO, JOHN T
2216 MALLARD CIRCLE
WINTER PARK, FL 32789 US
SALTMAN, ALLAN
939 SILVERTON LOOP
LAKE MARY, FL 32746 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: ALLAN SALTMAN 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MARINI, TRACY
 Name:
 LONGHURST, JON

 Address:
 P.O. BOX 163238
 Address:
 1818 LANDING DR. APT. H

City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US City-St-Zip: SANFORD, FL 32771 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: SUTTERBY, AMY Name: LUCAS, PRISCILLA

 Address:
 P.O. BOX 163238
 Address:
 8825 W. COLONIAL DR

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32716 US
 City-St-Zip:
 OCOEE, FL 34761 US

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

 Name:
 MUCCIGROSSO, JOHN T
 Name:
 SALTMAN, ALLAN

 Address:
 2216 MALLARD CIRCLE
 Address:
 939 SILVERTON LOOP

 City-St-Zip:
 WINTER PARK, FL 32789 US
 City-St-Zip:
 LAKE MARY, FL 32746 US

Title: PPD () Delete Title: () Change () Addition

 Name:
 FORNER, DOUG
 Name:

 Address:
 101 CHANNEL DRIVE
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746 US
 City-St-Zip:

Title: () Delete Title: S () Change (X) Addition
Name: Name: MALDONADO, GRISMARY

Name:Name:MALDONADO, GRISMARYAddress:Address:2671 W. OSCEOLA PKWY - BELK

City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741

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: ALLAN SALTMAN TR 04/29/2009