
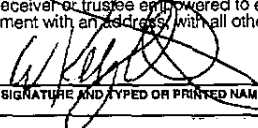


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002839 1. Entity Name CONVENTION PLAZA INTERNATIONAL, INC.			
Principal Place of Business 255 S. ORANGE AVE. SUITE 800 ORLANDO, FL 32801		Mailing Address 255 S. ORANGE AVE. SUITE 800 ORLANDO, FL 32801	
DO NOT WRITE IN THIS SPACE			
		01142005 No Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3197932		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, W. KELLY 255 S. ORANGE AVE. SUITE 800 ORLANDO, FL 32801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	SMITH, W. KELLY		
STREET ADDRESS	255 S. ORANGE AVE., SUITE 800		
CITY-ST-ZIP	ORLANDO, FL 32801		
TITLE	D		
NAME	MACARTHUR, WILLIAM		
STREET ADDRESS	425 W COLONIAL DR, STE 204		
CITY-ST-ZIP	ORLANDO, FL		
TITLE	D		
NAME	SMITH, JOHN		
STREET ADDRESS	8501 COMMODITY CIRCLE		
CITY-ST-ZIP	ORLANDO, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		W. Kelly Smith, Director 1/14/05 407-843-7300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01/20/05-80055-003 61.25

**DO NOT WRITE
IN THIS SPACE**