2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # N9400000864 1. Entity Name CENTRAL FLORIDA BUSINESS TRAVEL ASSOCIATION, INC.					0	3-12-2007 9	0100 010 ****7	70.00
Principal Place of Business Mailing Address 3208C E. COLONIAL DR 3208C E. COLONIAL DR SUITE 293 PMB 293 SUITE 293 PMB 293 ORLANDO, FL 32803 US ORLANDO, FL 32803 US							11 19 11 11 15 15 1	RIBINA DI KRI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				5 1 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022007	Chg-NP	CR2E037 (12/06	i)
City & State		City & State			4. FEI Number Applied For NOT APPLICABLE Not Applied be			
Zíp	Country Zip		Country		5. Certificate of		\$8.75 A Fee Requi	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Ac	idress of New Re	egistered Agent	
ANDRY, STEPHANIE				Mat	alie.	For	م .	
			Street	Address (Rx	O. Ben Numbeni	s Not Acceptable	<u> </u>	DC:10
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ORLANDO,	, FL 32803		1,20	93	_			İ
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			'(<u> フェ</u>	<u>unal</u>)	FL 43	2803
	named entity submits this statement for	or the purpose of changing it	s registered office	or registered	d agent, or both, i	in the State of Flo	rida. I am familiar wit	th, and accept
the obligation	ons of registered agent.	1 . V.					1 /	<i>!</i>
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign f Trust Fund Contribut						1		
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	_	Trust Fund		Ă	dded to Fees	Flori		State
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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 empoyered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: Malale Fore SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS CITY-ST-ZIP

3/9/07 4078223