

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 011 ****61.25

60003740



DOCUMENT # N95000004593 1. Entity Name EXECUTIVE EXCHANGE OF CENTRAL FLORIDA, INC.					
Principal Place of Business 3165 MCCRORY PL STE 185 ORLANDO, FL 32803			Mailing Address PO BOX 2973 WINTER PARK, FL 32790		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3400303	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLASSE, WANDA 3165 MCCRORY PL STE 185 ORLANDO, FL 32803			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFMANN, HELEN		NAME		
STREET ADDRESS	3155 CLEMSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEASURE, LINDA		NAME	C. Todd Smith	
STREET ADDRESS	1828 EAST CHERYL DR		STREET ADDRESS	636 West Yale Street	
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLOYD, SCOTT		NAME		
STREET ADDRESS	980 VINERIDGE RUN #108		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLASSE, WANDA		NAME		
STREET ADDRESS	3319 MAGUIRE BLVD #155		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTIN, CANDACE		NAME	Shawn Vincent	
STREET ADDRESS	917 SECOND PLACE		STREET ADDRESS	1701 Winter Green Blvd.	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	DP <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEST, ROBERT		NAME	Greg Kainz	
STREET ADDRESS	10111 EAST COLONIAL DRIVE		STREET ADDRESS	587 W. Palm Valley Drive	
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP	Oviedo, FL 32765	
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 empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-17-2006 407-896-1015 <small>Date Daytime Phone #</small>		