2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001053

FILED Jan 21, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 1055 AAA DRIVE 1055 AAA DRIVE. HEATHROW, FL 32746 SUITE 153 HEATHROW, FL 32746 **Current Mailing Address:** New Mailing Address: 1055 AAA DRIVE 725 PRIMERA BLVD 100 SUITE 153 LAKE MARY, FL 32746 HEATHROW, FL 32746 FEI Number: 59-3575578 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: ASHWORTH, JOHN 1055 AAA DRIVE HEATHROW, 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DTS () Change () Addition () Delete ROUX, GERALD Name: Name: 707 MENDHAM BLVD, SUITE 200 Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: () Delete Title: (X) Change () Addition WINESBORGH, BEV Name: Name: WINESBURGH, BEV Address: P.O. BOX 160430 Address: P.O. BOX 160430 City-St-Zip: ALMONTE SPRINGS, FL City-St-Zip: ALMONTE SPRINGS, FL Title: () Delete Title: () Change () Addition ASHWORTH, JOHN Name: Name: Address: 1055 AAA DRIVE Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RALEY, BILLY Name: Address: 30 SKYLINE DRIVE Address: City-St-Zip: LAKE MARY, FL 32746 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 ASHWORTH P 01/21/2009