


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90059 047 \*\*\*\*61.25

<b>DOCUMENT # N98000002717</b>	
1. Entity Name <b>COUNCIL OF EXECUTIVE OFFICERS, INC.</b>	

Principal Place of Business <b>11805 HERON BAY BLVD. POMPAÑO BEACH, FL 33076</b>	Mailing Address <b>11805 HERON BAY BLVD. POMPAÑO BEACH, FL 33076</b>
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**60008978**



2. Principal Place of Business		3. Mailing Address		01062006 Chg-NP CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0839590</b>
				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CAWLEY, PAUL F 11805 HERON BAY BLVD. POMPAÑO BEACH, FL 33076</b>		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

*Paul Cawley*

Signature, typed or printed name of registered agent and fee not applicable.

(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. ☐

**\$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	VCD	<input checked="" type="checkbox"/> Delete		TITLE	VCD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KEIR, BRUCE			NAME	ARNOLD, JOHN		
STREET ADDRESS	2400 N. COMMERCE PKWY #200			STREET ADDRESS	319 CLEMATIS ST, Ste 410		
CITY-ST-ZIP	WESTIN, FL 33326			CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEBER, TOM			NAME	WOOD, RANDALL		
STREET ADDRESS	3111 N. UNIVERSITY DR. # 1000			STREET ADDRESS	210 N. UNIVERSITY DR, Ste 212		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, JACK			NAME			
STREET ADDRESS	3300 UNIVERSITY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEIMARK, CORT			NAME			
STREET ADDRESS	800 CORPORATE DR #420			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334			CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSSOMANO, GLORIA			NAME			
STREET ADDRESS	3111 NORTH UNIVERSITY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

*Gloria Rossomano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GLORIA ROSSOMANO**

1/26/06

Date

954-346-6996

Daytime Phone #