


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 029 ****61.25

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|--|---|--|---|--|--|
| DOCUMENT # N98000002717 1. Entity Name COUNCIL OF EXECUTIVE OFFICERS, INC. | | | |  | |
| Principal Place of Business 11805 HERON BAY BLVD. POMPANO BEACH, FL 33076 | | | Mailing Address 11805 HERON BAY BLVD. POMPANO BEACH, FL 33076 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0839590 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAWLEY, PAUL F 11805 HERON BAY BLVD. POMPANO BEACH, FL 33076 | | | | 7. Name and Address of New Registered Agent 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 <u><i>Paul Cawley</i></u> <small>Signature, typed or printed name of registered agent and title, applicable.</small> | | | | DATE <u>1/9/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY - ST - ZIP | VCD MILLER, JACK 3300 UNIVERSITY DR #803 CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD WOOD, RANDALL 210 N UNIVERSITY DR, STE 212 CORAL SPRINGS, FL 33065 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD MONAGHAN, ANDREW 3300 UNIVERSITY DR #803 CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SPIEGAL, BARRY 3300 UNIVERSITY DR #803 CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MD ROSSOMANO, GLORIA 3111 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCD BRUCE KEIR 2400 N. COMMERCE PKWY, STE 200 WESTIN, FL 33326 | <input type="checkbox"/> Delete | | | |
| 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 life empowered. | | | | | |
| SIGNATURE: <u><i>James</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE <u>1/8/08</u> DAYTIME PHONE # <u>954 346 6996</u> | |