2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006612

FILED Jun 30, 2005 Secretary of State

Entity Name: OVIEDO BUSINESS ADVISORY COUNCIL, INC.

Current Principal Place of Business:		New Principal Place of Business:	
830 EYRIE SUITE 6C OVIEDO, F			
Current Mailing Address:		New Mailing Address:	
P.O. BOX (OVIEDO, F			
	59-3546463 FEI Number Applied For () FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive	mber Not App the prior notic	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
BURGUNDER, KARL A 1565 GEMINI CT OVIEDO, FL 32765 US		BURGUNDER, KARL A 830 EYRIE DR SUITE 6C OVIEDO, FL 32765 US	
	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATUF	RE: KARL A. BURGUNDER		06/30/2005
	Electronic Signature of Registered Agent		Date
OFFICERS	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete EVANS, ARTHUR 110 EAST BROADWAY OVIEDO, FL 32765	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete WHEELER, FRANK JR PO BOX 620430 OVIEDO, FL 32765	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete AXEL, DAVE PO BOX 620430 OVIEDO, FL 32762	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete BURGUNDER, KARL A 1565 GEMINI CT OVIEDO, FL 32765	Title: Name: Address: City-St-Zip:	S (X) Change () Addition BURGUNDER, KARL A 830 EYRIE DR. STE 6C OVIEDO, FL 32765
Title: Name: Address: City-St-Zip:	D,P () Delete WILSON, BRIAN P PRESIDE PO BOX 620430 OVIEDO, FL 32762	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete SLATTERY, TIM PO BOX 620430 OVIEDO, FL 32762	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KARL A. BURGUNDER S 06/30/2005