


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90182 040 \*\*\*150.00

<b>DOCUMENT # P02000003734</b> 1. Entity Name <b>SITE SELECTION &amp; MEETING PLANNING, INC.</b>					
Principal Place of Business <b>165 OCEAN BREEZE CIRCLE INDIALANTIC, FL 32903</b>			Mailing Address <b>165 OCEAN BREEZE CIRCLE INDIALANTIC, FL 32903</b>		
2. Principal Place of Business <b>8984 Puerto Del Rio Dr.</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>Suite 403</b>		Suite, Apt. #, etc. <b>SAME</b>			
City & State <b>CAPE CANAVERAL, FL</b>		City & State <b>SAME</b>			
Zip <b>32920</b>	Country <b>USA</b>	Zip <b>SAME</b>	Country <b>SAME</b>	4. FEI Number <b>30-0028455</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KLAHR, JOYCE L 165 OCEAN BREEZE CIRCLE INDIALANTIC, FL 32903</b>			7. Name and Address of New Registered Agent Name <b>Joyce L. Klahr</b> Street Address (P.O. Box Number is Not Acceptable) <b>8984 Puerto Del Rio Dr.,</b> <b>Suite 403</b> City <b>CAPE CANAVERAL</b> <b>FL</b> Zip Code <b>32920</b>		
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>Joyce L. Klahr, President</i></u> <span style="float: right;">3/18/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KLAHR, JOYCE L 165 OCEAN BREEZE CIRCLE INDIALANTIC, FL 32903</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>KLAHR, DAVID W 165 OCEAN BREEZE CIRCLE INDIALANTIC, FL 32903</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Klahr, Joyce L. 8984 Puerto Del Rio Dr., Suite 403 CAPE CANAVERAL, FL 32920</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Klahr, David W. 8984 Puerto Del Rio Dr., Ste 403 CAPE CANAVERAL, FL 32920</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 607, 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: <u><i>Joyce L. Klahr</i></u> <span style="float: right;">3/18/06 321-</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					