2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060965

FILED Apr 27, 2006 Secretary of State

Entity Name: CONFERENCE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	DLLEGE AVE SSEE, FL 323	01		
Current Mailing Address:		ss:	New Mailing Address:	
	DLLEGE AVE SSEE, FL 323	01		
FEI Number	: 04-3677179	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
	NDA R DLLEGE AVE SSEE, FL 323	01 US		
.,	0022, 12 020			
The above			ourpose of changing its registere	d office or registered agent, or both,
The above	e named entity e of Florida.		ourpose of changing its registere	d office or registered agent, or both,
The above in the Stat	e named entity e of Florida. RE:			d office or registered agent, or both, Date
The above in the Stat SIGNATU	e named entity e of Florida. RE:Electror	submits this statement for the լ		
The above in the Stati SIGNATU Election Ca	e named entity e of Florida. RE:Electror	submits this statement for the pair is statement for the pair is statement for the pair is submitted. Against Fund Contribution ().	ent	
The above in the Stati SIGNATU Election Ca	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC	submits this statement for the particle Signature of Registered Agground Torust Fund Contribution (). TORS: Delete R GE AVE	ent	Date
The above in the State SIGNATU Election Car OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC D (1 LONG, LINDA F 310 W COLLEC TALLAHASSEE	submits this statement for the particles of Registered Aggrant Fund Contribution (). TORS: Delete R GE AVE L, FL 32301 Delete A GE AVE	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LONG D 04/27/2006