

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000060965

**FILED**  
**May 31, 2007**  
**Secretary of State**

**Entity Name:** CONFERENCE MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

310 W COLLEGE AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2220 CR 210 WEST  
SUITE 108, PMB 430  
ST JOHNS, FL 32259

**Current Mailing Address:**

310 W COLLEGE AVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

2220 CR 210 WEST  
SUITE 108, PMB 430  
ST JOHNS, FL 32259

**FEI Number:** 04-3677179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONG, LINDA R  
310 W COLLEGE AVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

BUZBEE, TRACI S  
2712 N PORTOFINO ROAD  
ST AUGUSTINE, FL 32092 US

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.

SIGNATURE: TRACI BUZBEE

05/31/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LONG, LINDA R  
Address: 310 W COLLEGE AVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: P (X) Delete  
Name: WRIGHT, DIANA  
Address: 310 W COLLEGE AVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SST (X) Delete  
Name: LITTLEJOHN, CHARLES  
Address: 310 W COLLEGE AVE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WRIGHT, DIANA  
Address: 2220 CR 210 WEST, STE 108, PMB 430  
City-St-Zip: ST JOHNS, FL 32259

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DIANA WRIGHT

PRES

05/31/2007

Electronic Signature of Signing Officer or Director

Date