2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # P02000106760						·	
PROFESSIONAL MEETING PLANNERS, INC.							
Principal Place	s of Business	Mailing Address	-				
584 DOWLING	G CIRCLE	584 DOWLING CIRCLE		{	U000	100446831 16-80030-004 150.00	
LADY LAKE, F	FL 32159	LADY LAKE, FL 32159			03/08/()6-80030 - 004 (50.an	
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				4. FEI Number 75-3083		Applied For Not Applicable	
			Addition to the same of the same of		of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			The second secon	William Committee of the Committee of th	
PHELPS, I		المالية المستخدمة المالية	DO	NOT W	RITE		
584 DOWLING CIRCLE LADY LAKE, FL 32159			IN THIS SPACE				
					TIO OF		
6. The above	named entity submits this statement for l	he purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flor	ida I am familiar with, and accept	
the obligations of registered agent SIGNATURE							
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE, Registere	ed Agent signature required	when remstabing!		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS	Tenen e e e e e e		The second secon		
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NAME.	PHELPS, PAULINE	•		-		The state of the s	
STREET ADORESS CITY-ST-ZIP	584 DOWLING CIRCLE LADY LAKE, FL 32159	•		and the second section of the second			
TULE	VS		· Fi `			The state of the s	
NAME	RUTHERFORD, LILLIAN						
STREET ADDRESS	39940 GRAYS AIRPORT RD						
CITY-ST-ZIP	LADY LAKE, FL 32159			25525	Salar		
TITLE						The comment of the co	
NAME STREET ADDRESS						The same of the sa	
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STREET ADDRESS CHY-ST-ZIP					The second secon		
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CITY-ST-ZIP			1	===================================			
TITLE			1	-	JA P J	***********	
NAME					÷		
STREET ADDRESS							
CITY SI-ZIP		ble filler standard and a self-track-	I	d in Charles 440	Florida Canada C	further portify that the information	
12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver entrystee 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 limb empowered.							
2/20/01							
SIGNATURE: Costs Dayson Printed Name of Signing Officer or director Dayson Printed B.							