

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083254

FILED
Feb 17, 2007
Secretary of State

Entity Name: GOLF EVENT MANAGERS ASSOCIATION, INC.

Current Principal Place of Business:

3186 WHISPER WIND DR
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

3186 WHISPER WIND DR
SAINT CLOUD, FL 34771

New Mailing Address:

FEI Number: 03-0563819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTD () Delete
Name: PASHA, TOM
Address: 3186 WHISPER WIND DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: S () Delete
Name: SMITH, LISA
Address: 3186 WHISPER WIND DR
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: PASHA, KAREN
Address: 3186 WHISPER WIND DR
City-St-Zip: SAINT CLOUD, FL 34771

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: KAREN PASHA

S

02/17/2007

Electronic Signature of Signing Officer or Director

_____ Date