

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000142801		
1. Entity Name FIVE STAR MEETINGS & EVENTS INC.		

Principal Place of Business 9761 BOCA GARDENS CIRCLE NORTH SUITE C BOCA RATON, FL 33496	Mailing Address 9761 BOCA GARDENS CIRCLE NORTH SUITE C BOCA RATON, FL 33496
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent MITCHELL, MARJORIE E 9761 BOCA GARDENS CIRCLE NORTH SUITE C BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name _____
		Street Address (P.O. Box Number is Not Acceptable) _____
		City _____
		FL Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MITCHELL, MARJORIE E 9761 BOCA GARDENS CIRCLE NORTH SUITE C BOCA RATON, FL 33496	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Maryjorie M Mitchell MARJORIE MITCHELL 5/10/07 854 S40 S703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED
May 14, 2007 8:00 am
Secretary of State**

05-14-2007 90093 005 ***150.00



04252007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2537054	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required