


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90010 040 ***158.75

DOCUMENT # P06000015701	
1. Entity Name EXECUTIVE COACH FLORIDA, INC.	

Principal Place of Business 596 SOUTH LONGVIEW PLACE LONGWOOD FL 32779	Mailing Address 596 SOUTH LONGVIEW PLACE LONGWOOD FL 32779
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2. Principal Place of Business - No P.O. Box # 9180 BOGGY CREEK ROAD Suite, Apt. #, etc. UNIT #4 City & State ORLANDO, FLORIDA Zip 32824 Country USA	3. Mailing Address 9180 BOGGY CREEK ROAD Suite, Apt. #, etc. UNIT #4 City & State ORLANDO, FLORIDA Zip 32824 Country USA
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1st MOORE CR2E034 (10/06)

4. FEI Number 20-4230059	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	7. Name and Address of New Registered Agent Name MURRAY WOLKOVE Street Address (P.O. Box Number is Not Acceptable) 596 S. LONGVIEW PLACE City LONGWOOD FL Zip Code 32779
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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 M. Wolkove **JAN. 20. 2007**
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP VSTD WOLKOVE, MURRAY 596 SOUTH LONGVIEW PLACE LONGWOOD FL 32779 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY ST ZIP RAYMOND TOWELLS 6700 PARSON BROWN DRIVE ORLANDO, FL 32819. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP D TOWELLS, RAYMOND 596 SOUTH LONGVIEW PLACE LONGWOOD FL 32779 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MURRAY WOLKOVE M. Wolkove **JAN. 20. 2007** **(407) 812-7699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #