

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90029 011 ***150.00

DOCUMENT # P06000086175

1. Entity Name
 EXECUTIVE EVENTS, INC.



Principal Place of Business
~~3900 HOLLYWOOD BLVD~~
~~SUITE 103~~
 HOLLYWOOD, FL 33021 US

Mailing Address
 3900 HOLLYWOOD BLVD
~~SUITE 103~~
 HOLLYWOOD, FL 33021 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 4933 SW 95th Ave

3. Mailing Address
 Suite, Apt. #, etc.
 4933 SW 95th Ave

07082008 Chg-P CR2E034 (12/06)

City & State
 Cooper City FL

City & State
 Cooper City FL

Zip
 33328

Country

Zip
 33328

Country

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FEDER, LAWRENCE H ESQ.
 3900 HOLLYWOOD BLVD
 SUITE 103
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name Rachel Pearson
 Street Address (P.O. Box Number is Not Acceptable)
 4933 SW 95th Avenue
 City Cooper City FL Zip Code 33328

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 Rachel Pearson Rachel Pearson DATE 7/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEARSON, RACHEL	
STREET ADDRESS	3900 HOLLYWOOD BLVD, SUITE 103	
CITY - ST - ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, RACHEL	
STREET ADDRESS	4933 SW 95th Avenue	
CITY - ST - ZIP	Cooper City FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Rachel Pearson Rachel Pearson, Pres Date July, 2008 Daytime Phone # 305 9681777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR