## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 10, 2006 08:00 AN DOCUMENT # P96000036196 **Secretary of State** 1. Entity Name AMERICAN SPEAKERS BUREAU CORPORATION Principal Place of Business 10151 UNIVERSITY BLVD # 197 10151 UNIVERSITY BLVD # 197 ORLANDO, FL 32817 ORLANDO, FL 32817 02062006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3357541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANDY, FRANK J DO NOT WRITE 10151 UNIVERSITY BLVD #197 IN THIS SPACE ORLANDO, FL 32817 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 reinstaking) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 s. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CANDY, FRANK J NAME STREET ADDRESS 10151 UNIVERSITY BLVD # 197 CITY-ST-NP ORLANDO, FL 32817 TITLE 1/00000428583 02/21/06-80055-007 150.00 NAME STREET ADDRESS CITY-ST-7IP TITLE MANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 rustee empowered to execute this people 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 any address, with all after tike empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP