

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000079214

FILED
Apr 03, 2007
Secretary of State

Entity Name: FAMILY BUSINESS RESOURCE CENTER, INC.

Current Principal Place of Business:

453 N KIRKMAN ROAD
SUITE 101
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

453 N KIRKMAN ROAD
SUITE 101
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 59-3405640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWLS, LOYD H
453 N KIRKMAN ROAD
SUITE 101
ORLANDO, FL 32811 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: D () Delete
Name: RAWLS, LOYD H
Address: 453 N KIRKMAN RD., STE 101
City-St-Zip: ORLANDO, FL 32811

Title: P () Delete
Name: DOUDNA, DONALD J DR.
Address: 453 N KIRKMAN RD., STE. 101
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: RAWLS, PATRICIA S
Address: 453 N KIRKMAN RD., STE. 101
City-St-Zip: ORLANDO, FL 32811

Title: O () Delete
Name: THILL, DANIEL J
Address: 453 N KIRKMAN RD., STE. 101
City-St-Zip: ORLANDO, FL 32811

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: DOUDNA, DONALD J DR.
Address: 4400 WESTOWN PARKWAY, SUITE 405
City-St-Zip: WEST DES MOINES, IA 50266

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

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

Title: P () Change (X) Addition
Name: VICTORIO, RICCI M
Address: 2420 MARTIN ROAD, SUITE 300
City-St-Zip: FAIRFIELD, CA 94533

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: LOYD RAWLS

D

04/03/2007

Electronic Signature of Signing Officer or Director

Date