

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035561

FILED
Apr 22, 2004
Secretary of State

Entity Name: CERTIFIED ASSOCIATION MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

900 FOX VALLEY DR. ,STE.204
LONGWOOD, FL 327792552

New Principal Place of Business:

Current Mailing Address:

900 FOX VALLEY DR. ,STE.204
LONGWOOD, FL 327792552

New Mailing Address:

900 FOX VALLEY DR. ,STE.204
LONGWOOD, FL 327792552 US

FEI Number: 59-3572648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, THOMAS A
900 FOX VALLEY DR. ,STE.204
LONGWOOD, FL 327792552

Name and Address of New Registered Agent:

MONAHAN, THOMAS A
900 FOX VALLEY DR. ,STE.204
LONGWOOD, FL 327792552 US

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: THOMAS A. MONAHAN

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONAHAN, JANET M
Address: 214 ROYAL OAK CIRCLE
City-St-Zip: LONGWOOD, FL 327790047

Title: D () Delete
Name: MONAHAN, THOMAS A
Address: 214 ROYAL OAK CIRCLE
City-St-Zip: LONGWOOD, FL 327790047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MONAHAN, JANET M
Address: 214 ROYAL OAK CIRCLE
City-St-Zip: LONGWOOD, FL 32779 US

Title: D (X) Change () Addition
Name: MONAHAN, THOMAS A
Address: 214 ROYAL OAK CIRCLE
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS A. MONAHAN

D

04/22/2004

Electronic Signature of Signing Officer or Director

Date