2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064700

Address:

City-St-Zip:

22 W. MONUMENT AVE. SUITE 27

KISSIMMEE, FL 33741

Entity Name: FLORIDA ACCOMODATIONS BUREAU, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	NUMENT AVE				
SUITE 27 KISSIMME	E, FL 33741				
Current Mailing Address:			New Mailing Address:		
SUITE 27	NUMENT AVE E, FL 33741				
FEI Number:	: 59-3591098	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SAINT PE	ÁVENUE NOI TERSBURG, I	FL 33713 US	ourpose of changing its registered	d office or registered agent, or both,	
	e of Florida.		,, p		
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LEIBE, TIM) Delete ENT AVE. SUITE 27 'L 33741	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MRS (LEIBE. ANN) Delete	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

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: TIM LEIBE MR 04/29/2005