


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 710741
 1. Entity Name
 CONTINENTAL CORPORATION, INC.



Principal Place of Business
 420 S DIXIE HIGHWAY
 CORAL GABLES, FL 33146

Mailing Address
 420 S DIXIE HIGHWAY
 CORAL GABLES, FL 33146



04162007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 59-1235458

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANTONELLI, MARK, R
 420 S DIXIE HIGHWAY
 THIRD FLOOR
 CORAL GABLES, FL 33196

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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: *Mark R. Antonelli*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ANTONELLI, MARK, R
STREET ADDRESS	420 S. DIXIE HWY
CITY-ST-ZIP	CORAL GABLES, FL 00000,
TITLE	PD
NAME	MULLEN, MICHAEL A
STREET ADDRESS	420 SOUTH DIXIE HWY., 3RD FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	ESCO, BENJAMIN M
STREET ADDRESS	420 S. DIXIE HWY 3RD FL
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000720463
 05/01/07-80106-002 61.25

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 617, 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: *Mark R. Antonelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4.16.07 Daytime Phone #: 305-667-0223