


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90244 039 \*\*\*150.00

**DOCUMENT # F97000005548**

1. Entity Name  
**C.D.C. ACQUISITION CORPORATION**  
*Norchester Associates, Inc*



Principal Place of Business  
**2770 INDIAN RIVER BLVD**  
**SUITE 310**  
**VERO BEACH, FL 32960**

Mailing Address  
**2770 INDIAN RIVER BLVD**  
**SUITE 310**  
**VERO BEACH, FL 32960**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**5070 N HWY A1A**  
**SUITE 250**  
 Suite, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State  
**VERO BEACH FL**

4. FEI Number  
**22-3031217**

Applied For  
 Not Applicable

Zip  
**32963**

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BLAICHER, FRED M JR.**  
**2770 INDIAN RIVER BLVD**  
**#310**  
**VERO BEACH, FL 32960**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BLAICHER, FRED M JR.</b> <b>2770 INDIAN RIVER BLVD. #400</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BLAICHER, GAY C</b> <b>2770 INDIAN RIVER BLVD. #400</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>710 MANATEE COVE</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>710 MANATEE COVE</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:** *[Signature]* **4-27-06** **772-713 0000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #