


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/9/2006-90048-028-S61.25-S61.25

DOCUMENT # F99000000482
 1. Entity Name
CHRISTIAN CANCER CENTRE OF KAKINADA INDIA, INC.




Principal Place of Business
 2861 LOCKSLEY RD
 MELBOURNE, FL. 32935

Mailing Address
 2861 LOCKSLEY RD
 MELBOURNE, FL. 32935

DO NOT WRITE IN THIS SPACE

FILED
 06 MAR -2 PM 1:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
36-3388950 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FIOL, MARTA M
2861 LOCKSLEY RD.
MELBOURNE, FL. 32935

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCD FIOL, MARTA M 2861 LOCKSLEY RD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FIOL, JUAN L 2861 LOCKSLEY RD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SULLIVAN, PETER 230 S MARCO WAY SATTELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RAPAKA, SAMPRASAD .1218 CIMARRON CIRCLE N.E. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LIND, CARL E 1016 WINTHROP LANE ROCKFORD, IL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SWENSON, CARL 911 CHELSEA AVE ROCKFORD, IL

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K. Eckel MAR 07 2006

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: Marta M. Fiol 2/27/06 321-952-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Date Daytime Phone #

MARTA M. Fiol, President