

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# N04000008611

Entity Name: COMMUNITY ASSISTANCE & BENEFIT CORP.

Current Principal Place of Business:

7623 SEAFOAM COURT
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

7623 SEAFOAM COURT
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-1601482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAGER, SIDNEY
7623 SEAFOAM COURT
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAGER, SIDNEY
Address: 7623 SEAFOAM COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V/D () Delete
Name: KREBS, HAROLD
Address: 9589 SHADYBROOK DR. - #102
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S/D () Delete
Name: GOOD, HOWARD
Address: 9660 ARBOR VIEW DRIVE NO.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T/D () Delete
Name: HOROWITZ, IRWIN
Address: 7626 SEAFOAM COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: MARKOWITZ, ARNOLD
Address: 7638 SEAFOAM COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: KURPIT, DAVID
Address: 9913 ARBOR VIEW DRIVE, SO.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY TRAGER

_____ Electronic Signature of Signing Officer or Director

P/D

01/12/2006

_____ Date