

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 29, 2007  
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

PRES

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date