


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000010258
 1. Entity Name
 CONTINENTAL INVESTMENT PARTNERS INC.



Principal Place of Business
 610 CROWN OAK CENTRE DRIVE
 LONGWOOD, FL 32750

Mailing Address
 610 CROWN OAK CENTRE DRIVE
 LONGWOOD, FL 32750



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0584117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARMA, BOB A
 610 CROWN OAK CENTRE DRIVE
 LONGWOOD, FL 32750

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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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIEWEL, MARK E 610 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARMA, BOB A 610 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T KRANTZ, ALEX L 610 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750
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 05/13/06-80128-010 150.00

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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: Alex Krantz ALEX KRANTZ 4/28/06 407-834-7344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #