2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P05000058856

Entity Name: CC MANAGEMENT AND DEVELOPMENT, INC.

Current Principal Place of Business:

12848 HUNTER'S VISTA BLVD
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

P O BOX 770625
ORLANDO, FL 32877

New Mailing Address:

FEI Number: 20-2764616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOPATEGUI, KATRINA M
Address: 12848 HUNTER'S VISTA BLVD
City-St-Zip: ORLANDO, FL 32837

Title: VPD ( ) Delete
Name: OHME, CAROLYN D
Address: 12848 HUNTER'S VISTA BLVD
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete
Name: LOPATEGUI, GIANINA M
Address: 12848 HUNTER'S VISTA BLVD
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete
Name: DEL CID, MARISELA A
Address: 12848 HUNTER'S VISTA BLVD
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: WATSON, VALERIE L
Address: 12848 HUNTER'S VISTA BLVD
City-St-Zip: ORLANDO, FL 32837

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARISELA A. DEL CID TD 04/29/2006

Electronic Signature of Signing Officer or Director — Date