## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # P94000039627

CHANGE MANAGEMENT ASSOCIATES, INC.



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

Principal Place of Business

4307 WOODHALL CIR VIERA, FL 32955 Mailing Address

PO BOX 560541

ROCKLEDGE, FL 32956-541 US



DO	NOT	WRITE	IN	THIS	SPACE
		VVILLE	444		

02262006 No Chg-P CR2E034 (11/05)

4. FEt Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired See Required

6. Name and Address of Current Registered Agent

PETERS, JOHN J 4307 WOODHALL CIR VIERA, FL 32955

**SIGNATURE** 

## DO NOT WRITE IN THIS SPACE

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_	Signature, typied or painted name of registered agent and tive is	applicable (NOTE R	egistered Agent signature	required when reinstating)	DATE			
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Find Trust Fund Contribution				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	<b>F</b>		<u> </u>			
DILE NAME STPSEI ADDRESS CITY-ST-DP	CPT PETERS, JOHN J 4307 WOODHALL CIR VIERA, FL 32955		1					
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VS PETERS, BONNIE J 4307 WOODHALL CIR VIERA, FL 32955				000000451794 U3/11/06-80001-003 (50.00			
DIFLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE HAME STREET ADDRESS CITY-SI-ZIP								
12. I hereby certify that the information supplied with this filling 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 the 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 received of discrete 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 within addition, withfull other like empowered.								

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