

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095647

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: C D H CORPORATION

## Current Principal Place of Business:

1599 N.W. 9TH AVE  
#204  
BOCA RATON, FL 33486

## New Principal Place of Business:

## Current Mailing Address:

1599 N.W. 9TH AVE  
#204  
BOCA RATON, FL 33486

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

LACNY, CARL M  
910 FOREST GLEN LANE  
WELLINGTON, FL 33414 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: P ( ) Delete  
Name: LACNY, CARL  
Address: 910 FOREST GLEN LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: V ( ) Delete  
Name: PEVSNER, HENRY  
Address: 4475 MEDICAL CENTER WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: V ( ) Delete  
Name: STERNBERG, DENNIS  
Address: 10960 N.W. 2ND STREET  
City-St-Zip: PLANTATION, FL 33324

## 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:

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: CARL M LACNY

Electronic Signature of Signing Officer or Director

MNG

01/20/2006

\_\_\_\_\_ Date