
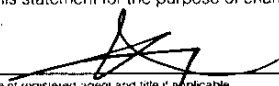
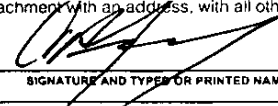


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90013 050 ***150.00

DOCUMENT # P06000126371 1. Entity Name CCIS, CORP.			
Principal Place of Business 306 E BULLARD PKWY TAMPA, FL 33617		Mailing Address 306 E BULLARD PKWY TAMPA, FL 33617	
2. Principal Place of Business - No P.O. Box # 2344 CROSTOVER LANE		3. Mailing Address P.O. BOX 3758	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wesley Chapel, FL		City & State WINTER PARK, FL	
Zip 33543		Zip 32780-3758	
Country PA3CO		Country ORANGE	
4. FEI Number 20-5653452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, JOSE S 306 E BULLARD PKWY TAMPA, FL 33617		7. Name and Address of New Registered Agent Name Jose J. Ramos Street Address (P.O. Box Number is Not Acceptable) 2344 CROSTOVER LANE City Wesley Chapel FL Zip Code 33543	
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 		DATE 7/7/7	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JIMENEZ, CARLOS R 306 E BULLARD PKWY TAMPA, FL 33617	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MATTEI, ANA M 306 E BULLARD PKWY TAMPA, FL 33617	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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:  Carlos R. Jimenez - Pres. 7/7/7 Signature and typed or printed name of signing officer or director	
Date		Daytime Phone #	