
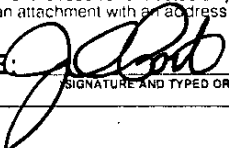


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90098 009 \*\*\*150.00

<b>DOCUMENT # 300942</b> 1. Entity Name <b>COLONIAL RIDGE CAMBRIDGE INC</b>					
Principal Place of Business <b>5505 NO OCEAN BLVD OCEAN RIDGE, FL 33435</b>			Mailing Address <b>5505 NO OCEAN BLVD OCEAN RIDGE, FL 33435</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>59-1209387</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>JOHN PORTER ACCOUNTING, INC. 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD DESROCHERS, RICHARD 5505 N OCEAN BLVD C104 OCEAN RIDGE, FL 33435</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>STD HALL, METTA 5505 N OCEAN BLVD OCEAN RIDGE, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VPD GREENWAY, LLOYD 5505 N. OCEAN BLVD C103 OCEAN RIDGE, FL 33435</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D GREENWAY, JEAN 5505 N. OCEAN BLVD. 103 OCEAN RIDGE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D PORTER, JOHN 1403 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>AST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>John Porter, Dir</b> <b>02/21/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					