

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUN -1 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SK



05162006 Chg-P CR2E034 (11/05)

DOCUMENT # 366472 1. Entity Name CONTINENTAL BUSINESS DEVELOPMENT, INC.					
Principal Place of Business 3340 SCHERER DRIVE ST. PETERSBURG, FL 33716				Mailing Address 3340 SCHERER DRIVE ST. PETERSBURG, FL 33716	
2. Principal Place of Business <i>3340 Scherer Dr</i>		3. Mailing Address <i>3340 Scherer Dr</i>		4. FEI Number 59-1314772	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>St. Petersburg FL</i>		City & State <i>St. Petersburg FL</i>			
Zip <i>33716</i>		Country <i>Pinellas</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEHRAND,WM 3340 SCHERER DRIVE ST. PETERSBURG, FL 33716				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEHRAND,WM 3340 SCHERER DRIVE ST. PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200076250962 06/16/06--01012--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEHRAND,GERALD 3340 SCHERER DRIVE ST. PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHRAND,WM 3340 SCHERER DR. ST PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEHRAND,WM 3340 SCHERER DR. ST PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>William A. Gehrand</i> WILLIAM A. Gehrand 7/29/06 572-7080					