2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 542916

1. Entity Name
CEFI, INC.

Principal Place of Business	Mailing Address
209 OVERLOOK DRIVE CHULUOTA, FL 32766-9688 US	209 OVERLOOK DRIVE CHULUOTA, FL 32766-9688 US

DO NOT WRITE IN THIS SPACE

02232006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2092594		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

GOWELL, WILLIAM C
518 GLENARDEN RD
WINTER PARK, FL 32789

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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 _William C Gowell_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE _4-30-06_

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	KENT, BARBARA
STREET ADDRESS	209 OVERLOOK DR
CITY-ST-ZIP	OVIEDO, FL 32766

TITLE	D
NAME	GOWELL, JOAN B
STREET ADDRESS	518 GLENARDEN RD
CITY-ST-ZIP	WINTER PARK, FL 32792

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

U00000561951
05/19/06-80035-013 150.00

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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: _Joan B Gowell_   Joan B Gowell   4-30-06   828-837-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #