2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000003988

1. Entity Name NCCI HOLDINGS, INC.



Principal Place of Business

901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487 Mailing Address

901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487

FILED Feb 13, 2007 8:00 am Secretary of State

02-13-2007 90011 021 ****61.25

40015906



DO NOT WRITE IN THIS SPACE

01262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 52-225042

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC 11380 PROSPERITY FARMS RD., #221E PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purplions of registered agent.	pose of changing its registered offi	ice or re	gistered agent, or both, in	the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if ap	allowhile thirty and August Au			DATE	
***	Signature, typed or printed have or registered agent and altern ap	plicable (NOTE Registered Agent	signature i	equired when reinstating)	DATE	_
	Filing Fee is \$61.25 Due bý May 1, 2007	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTO	DRS				_
THTLE NAME STREET ADDRESS CITY-ST-ZIP	S ? DELEHANTY, TERRENCE D CLO 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO GUERRA, ALFREDO 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KLINGEL, STEPHEN J 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO BUDD, CHERYL 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487			IN TH	HIS SPACE	ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM DECESARI, JAMES 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487					
TITLE NAME STREET ADDRESS	P WESTERVELT, HELEN 901 PENINSULA CORPORATE CIRCLE					

12. I hereby certify that the information supplied with this filling 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 syrtue 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactprefit with an address with a) other like empowered.

SIGNATURE:

BOCA RATON, FL 33487

CITY-ST-ZIP

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delehanty 1-26-07

561- 893-3426 Daytime Phone #