

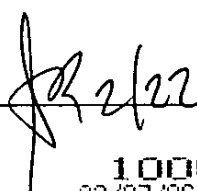
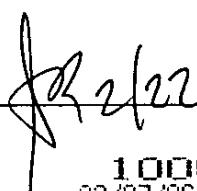
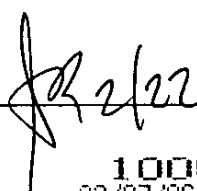
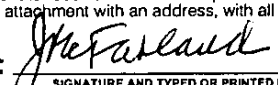


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F02000005419</b> 1. Entity Name CCHP, INC.						FILED 06 FEB 22 PM 4:16 TALLAHASSEE, FLORIDA	
Principal Place of Business 5400 BROKEN SOUND BLVD., NW, STE. 300 BOCA RATON, FL 33487				Mailing Address C/O MOLLIE K. SPRINKLE 7500 GRACE DRIVE COLUMBIA, MD 21044 US			
2. Principal Place of Business		3. Mailing Address				01132006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 13-3613597				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  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. Officer ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD TAROLA, ROBERT M 8550 LEASURE HILL DRIVE PIKESVILLE, MD 21208			TITLE NAME STREET ADDRESS CITY-ST-ZIP	William C. Dockman 7500 Grace Drive Columbia, MD 21044 Officer		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT FILON, ELISE N 3101 S OCEAN BLVD, APT 708 HIGHLAND BEACH, FL 33484			TITLE NAME STREET ADDRESS CITY-ST-ZIP	John A. McFarland 7500 Grace Drive Columbia, MD 21044 Officer		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELNITZ, MARK A 7233 WOLVERTON COURT CLARKSVILLE, MD 21029			TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Nakashige 5400 Broken Sound Boulevard, NW Boca Raton, FL 33487		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEGEL, DAVID B 11150 HOMEWOOD RD ELLICOTT CITY, MD 21042			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">           100067188101          03/07/06--01006--023 **150.00       </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FINKE, CAROL M 3240 EQUESTRIAN DR BOCA RATON, FL 33434			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">           100067188101          03/07/06--01006--023 **150.00       </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FINKE, RICHARD C 3240 EQUESTRIAN DR BOCA RATON, FL 33434			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">           100067188101          03/07/06--01006--023 **150.00       </div>		
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: 				John A. McFarland, Secretary 2/21/2006 (410-531-4000)			