

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001782

Entity Name: CECROPIA, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

57 BEDFORD STREET, SUITE 208  
LEXINGTON, MA 02420

## New Principal Place of Business:

## Current Mailing Address:

57 BEDFORD STREET, SUITE 208  
LEXINGTON, MA 02420

## New Mailing Address:

FEI Number: 04-3573980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: KHUDARI, OMAR H  
Address: 57 BEDFORD STREET, SUITE 208  
City-St-Zip: LEXINGTON, MA 02420

Title: AS ( ) Delete  
Name: PARKER, DONALD W  
Address: 1601 TRAPELO ROAD, SUITE 205  
City-St-Zip: WALTHAM, MA 02451

Title: PC&D ( ) Delete  
Name: BLAND, ANN MARIE  
Address: 57 BEDFORD STREET SUITE208  
City-St-Zip: LEXINGTON, MA

Title: DIR ( ) Delete  
Name: KAEMMER, JOHN DAVID  
Address: 175 MIDDLESEX TURNPIKE  
City-St-Zip: BEFORD, MA 01730

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: HILLEMANN, RICHARD  
Address: 471 22ND AVENUE  
City-St-Zip: SAN MATEO, CA 94403

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR H. KHUDARI

PSTD

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date