

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006572

FILED
Jan 31, 2006
Secretary of State

Entity Name: CBB CARRIER SERVICES, INC.

Current Principal Place of Business:

150 WEST BRAMBLETON AVENUE
NORFOLK, VA 23510

New Principal Place of Business:

Current Mailing Address:

150 WEST BRAMBLETON AVENUE
NORFOLK, VA 23510

New Mailing Address:

FEI Number: 20-3730948

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: DS () Delete
Name: FRIDDELL, GUY R III
Address: 150 WEST BRAMBLETON AVENUE
City-St-Zip: NORFOLK, VA 23510

Title: P () Delete
Name: WATKINS, CHARLES L
Address: 235 MONTICELLO AVENUE
City-St-Zip: NORFOLK, VA 23510

Title: VP () Delete
Name: GRIFFIN, OWEN D
Address: 235 MONTICELLO AVENUE
City-St-Zip: NORFOLK, VA 23510

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: AS () Change (X) Addition
Name: GOETZ, SUSAN S
Address: 150 WEST BRAMBLETON AVENUE
City-St-Zip: NORFOLK, VA 23510

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: SUSAN S. GOETZ

AS

01/31/2006

Electronic Signature of Signing Officer or Director

_____ Date