2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007051

Entity Name: CCI, INC. OF ALASKA

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

111 WEST 16TH AVENUE, SUITE 401 ANCHORAGE, AK 99501

Current Mailing Address: New Mailing Address:

111 WEST 16TH AVENUE, SUITE 401 ANCHORAGE, AK 99501

FEI Number: 92-0132021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 BURKE, KEITH
 Name:

 Address:
 111 WEST 16TH AVENUE, SUITE 401
 Address:

 City-St-Zip:
 ANCHORAGE, AK 99501
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: FERGUSON, APRIL Name: FERGUSON, APRIL

Address: 111 WEST 16TH AVENUE, SUITE 401 Address: 111 WEST 16TH AVENUE, SUITE 400

City-St-Zip: ANCHORAGE, AK 99501 City-St-Zip: ANCHORAGE, AK 99501

Title: T (X) Delete Title: () Change () Addition

Name: HAWKINS, TOM Name:
Address: 111 WEST 16TH AVENUE, SUITE 401 Address:

Address: 111 WEST 16TH AVENUE, SUITE 401 Address:
City-St-Zip: ANCHORAGE, AK 99501 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: O'HARA, DAN Name: O'HARA, DAN

Address: 111 WEST 16TH AVENUE, SUITE 401 Address: 111 WEST 16TH AVENUE, SUITE 400

City-St-Zip: ANCHORAGE, AK 99501 City-St-Zip: ANCHORAGE, AK 99501

I hereby certify that the information supplied with this filing does not qualify 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: KEITH BURKE P 02/18/2009