

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004080

Entity Name: CPC OF AMERICA, INC.

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

6336 17TH ST  
E  
SARASOTA, FL 34243

## New Principal Place of Business:

## Current Mailing Address:

6336 17TH ST  
E  
SARASOTA, FL 34243

## New Mailing Address:

FEI Number: 11-3320709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARP ACCOUNTING SERVICE  
22 GOODRICH AVE  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

SHARP ACCOUNTING SERVICE  
512 N ORANGE AVE  
SARASOTA, FL 34236 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: SHARP ACCOUNTING SERVICE

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: SHIPMAN, ROD A  
Address: 6336 17TH ST  
City-St-Zip: SARASOTA, FL 34243

Title: CEO ( ) Delete  
Name: SHIPMAN, ROD A  
Address: 6336 17TH ST  
City-St-Zip: SARASOTA, FL 34243

Title: DT ( ) Delete  
Name: COHEN, RAFF  
Address: 15060 VENTURA BLVD, STE 350  
City-St-Zip: SHERMAN OAKS, CA 91403

Title: D ( ) Delete  
Name: LIEVENSE, WILLIAM C  
Address: 6336 17TH ST  
City-St-Zip: SARASOTA, FL 34243

## 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: ( ) 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: R A SHIPMAN

C

05/01/2006

Electronic Signature of Signing Officer or Director

Date