2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # F9700005278 1. Entity Name AKD-CDC, INC.						03-31-2005 90048 039 ***150.00							
Principal Place	of Rusinoss	Mailing Address											
Principal Place of Business 4310 PABLO OAKS CT JACKSONVILLE, FL 32224		P. O. BOX 19366 JACKSONVILLE, FL 32245-9366 US											
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2. Principal Place of Business		3. Mailing Address											
Suile, Apt. #, etc.		Suite, Apt. #, etc.				03082005	Chg-P	CR2E034	4 (10/03)				
City & State		City & State				4. FEI Numbe 59-346			—	plied For Applicable			
Zip	Country	Zip	Coun	ountry		5. Certificate	of Status Desired		8.75 Add ee Required				
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	legistered Ag	jent				
0.7.0000	ODATION OVOTEN			Name									
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324		Street Address			(P.O. Box Number is Not Acceptable)							
	• '												
				City				FL	Zip Code)			
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 Signature, typed or printed name of registered agent and ritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
}	organistic, special principle of regulation against												
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					.00 May Be led to Fees								
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11			
TITLE	PCTD	🔼 Delete	TITL	1	PD	ID A ID	E 51110		Change	■ Addition			
NAME CTREET LOOPERS	SKELTON, H J		NAN				E. ELLIS						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS r-st-zip	4510 1 11 DEC OTTO 01				Į				
TITLE	V	Delete	tm	F	JAC	V SONATE	.E. FL 3 <u>2</u> 2		☐ Change	Addition			
NAME	FRANCIS, HARRY D		NAM										
STREET ADDRESS	4310 PABLO OAKS CT			EET ADDRESS									
CITY-ST-ZIP	JACKSONVILLE, FL 322249631		Cin	r-ST-ZIP									
TITLE	CLOWE DAVID C	☐ Delete	TITE						Change	☐ Addition			
NAME STREET ADDRESS	CLOWE, DAVID C 4310 PABLO OAKS CT		NAM STR	EET ADORESS									
CITY-S1-ZIP	JACKSONVILLE, FL 322249631			Y-ST-ZIP									
TITLE	V	☐ Detete	TITE	LE					☐ Change	Addition			
NAME	THORNE, SUSAN C.		NAM	ſ									
STREET ADDRESS CITY-ST-ZIP	4310 PABLO OAKS CT JACKSONVILLE, FL 322249631			EET AODRESS Y-St-zip	ı								
TITLE	SACKOONVILLE, I'E SZZZ43031	☐ Delete	TITL			<u>-</u>			☐ Change	Addition			
NAME		☐ Dei¢(a	NAM						Grange				
STREET ADDRESS			STR	EET ADDRESS									
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CIT	Y-ST-ZIP									
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: Mulle (Morne	Susan C.	Thorne	3/23/05	904/223-7480
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER		Date	Daytime Phone #	