


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000003014
 1. Entity Name
CCS CONSOLIDATED, INC.



Principal Place of Business Mailing Address
12301 NW 39TH ST. **12301 NW 39TH ST.**
CORAL SPRINGS, FL 33065-2403 **CORAL SPRINGS, FL 33065-2403**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0824378 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156-0000

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN0000555070
 05/16/06-80017-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	WAXMAN, ALBERT
STREET ADDRESS	625 AVENUE OF THE AMERICAS
CITY- ST- ZIP	NEW YORK, NY 10011
TITLE	D
NAME	DAVIS, JORDAN S
STREET ADDRESS	1 ROCKEFELLER PLAZA STE 820
CITY- ST- ZIP	NY, NY 10020
TITLE	VP
NAME	SPENCE, GLEN
STREET ADDRESS	12301 NW 39 ST.
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	DP
NAME	PATERSON, CHRIS
STREET ADDRESS	12301 NW 39TH ST
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	PACALA, MARK
STREET ADDRESS	190 LASALLE ST
CITY- ST- ZIP	CHICAGO, IL 60603
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Glen Spence 4/25/2006 (984) 796-3711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #