


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H01664**

1. Entity Name  
**C.I. PARTNERS, INC.**



Principal Place of Business <b>% ROY RICKARD          3390 OCEANSHORE BLVD., SUITE 402          ORMOND BEACH, FL 32176</b>	Mailing Address <b>% ROY RICKARD          3390 OCEANSHORE BLVD., SUITE 402          ORMOND BEACH, FL 32176</b>
---	---



03302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2395752</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**RICKARD, ROY  
 3390 OCEANSHORE BLVD.  
 SUITE 402  
 ORMOND BEACH, FL 32176**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKARD, ROY 3390 OCEANSHORE BLVD. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORBETT, PATRICK P O BOX 2556 NA DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIOVANNI, GARY 707 S. ATLANTIC AVENUE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000493411  
 04/20/06-80004-011 150.00

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **Date:** March 31st 2006 **Daytime Phone #:** 386-44-8552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR