
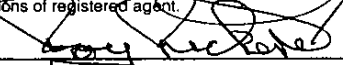



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 024 ***150.00

DOCUMENT # H01664					
1. Entity Name C.I. PARTNERS, INC.					
Principal Place of Business % ROY RICKARD 3390 OCEANSHORE BLVD., SUITE 402 ORMOND BEACH, FL 32176		Mailing Address % ROY RICKARD 3390 OCEANSHORE BLVD., SUITE 402 ORMOND BEACH, FL 32176			
2. Principal Place of Business - No P.O. Box # ^{5TH} 101 OCEANAIRE TERRACE		3. Mailing Address 101 OCEANAIRE TERRACE ^{5TH}			
Suite, Apt. #, etc.		* Suite, Apt. #, etc.			
City & State ORMOND BEACH		City & State ORMOND BEACH FL		4. FEI Number 59-2395752	
Zip 32176		Country VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICKARD, ROY 3390 OCEANSHORE BLVD. SUITE 402 ORMOND BEACH, FL 32176		7. Name and Address of New Registered Agent Name Roy RICKARD Street Address (P.O. Box Number is Not Acceptable) 101 OCEANAIRE TERRACE SOUTH City ORMOND BEACH FL Zip Code 32176			
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  Roy RICKARD		DATE March 16 th 2007			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICKARD, ROY		NAME		
STREET ADDRESS	3390 OCEANSHORE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORBETT, PATRICK		NAME		
STREET ADDRESS	P O BOX 2556 NA		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIOVANNI, GARY		NAME		
STREET ADDRESS	707 S. ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Roy RICKARD		DATE: March 16 2007		DAYTIME PHONE #: 385-441-8552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	