2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68674

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PEMBROKE PINES, FL 330271353

() Delete

FILED May 25, 2005 Secretary of State

Entity Name: COMMUNITY INVOLVED "GET OUT THE VOTE," INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	ESS POINTE D E PINES, FL 3	RIVE EAST 30271353 US					
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:			
	ESS POINTE D E PINES, FL 3	RIVE EAST 30271353 US					
FEI Number:	59-2838542	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of St	atus Desired ()	
Name and	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:				
	ESS POINTE D	RIVE EAST 30271353 US					
The above in the State		ubmits this statement for the pu	urpose of changing i	ts registered	d office or registe	red agent, or both,	
SIGNATUR	E:						
	c Signature of Registered Ager	nt	Date				
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MAYE, DEBRA E 700 CYPRESS F	Delete 3 POINTE DRIVE EAST IES, FL 330271353	Title: Name: Address: City-St-Zip:	MAYE, DEBI	(X) Change () Addi RA B SS POINTE DRIVE E PINES, FL 3302713	AST	
Title: Name: Address: City-St-Zip:	MAYE, EARL L 700 CYPRESS I	Delete POINTE DRIVE EAST IES, FL 330271353	Title: Name: Address: City-St-Zip:	MAYE, EARI 700 CYPRES	(X) Change()Addi _ L SS POINTE DRIVE E PINES, FL 3302713	AST	
Title: Name: Address:	MAYE, TIFFANY	Delete T POINTE DRIVE EAST	Title: Name: Address:	MAYE, TIFF	(X) Change()Addi ANY T SS POINTE DRIVE E		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PEMBROKE PINES, FL 330271353 US

PEMBROKE PINES, FL 330271353 US

700 CYPRESS POINTE DR EAST

MAYE, EARL L II

() Change (X) Addition

SIGNATURE: DEBRA B MAYE Ρ 05/25/2005