2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61001

FILED Apr 29, 2004 Secretary of State

Entity Name: CONTRACT CONNECTION, INC.						
Current P	Current Principal Place of Business:			New Principal Place of Business:		
	51 POLK ST DLLYWOOD, FL 33020 US			2851 POLK ST HOLLYWOOD, FL 330204228 US		
Current M	ailing Addres	s:	New Mail	New Mailing Address:		
PO BOX 848254 PEMBROKE PINES, FL 330870254 US				PO BOX 848254 PEMBROKE PINES, FL 330840254 US		
FEI Number:	65-0108496	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desi	ired (X)
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
2851 POLK	MICHAEL III (STREET OOD, FL 33020	14228 US				
	named entity s of Florida.	ubmits this statement for the p	urpose of changing	its registered	office or registered agen	it, or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution (X).				
OFFICERS	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T () KROHN, GLENE 9480 NW 40TH CORAL SPRING	ST	Title: Name: Address: City-St-Zip:	•	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () KROHN, TODD 102 PINE STRE NEPTUNE BEAC	ET	Title: Name: Address: City-St-Zip:	KROHN, TOE 102 PINE ST		
Title: Name: Address: City-St-Zip:	S () KROHN, MARLE 102 PINE STRE NEPTUNE BEAC	ET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	CEOC ()	Delete	Title:	CD	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

KROHN, I MICHAEL III

9480 NW 40TH STREET

CORAL SPRINGS, FL 33065

SIGNATURE: I. MICHAEL KROHN III CD 04/29/2004

KROHN, I MICHAEL III

9480 NW 40TH STREET

CORAL SPRINGS, FL 33065

Name:

Address:

City-St-Zip: