


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90036 030 \*\*\*158.75

<b>DOCUMENT # K61001</b> 1. Entity Name CONTRACT CONNECTION, INC.	
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Principal Place of Business 2851 POLK ST HOLLYWOOD, FL 33020-4228 US	Mailing Address PO BOX 848254 PEMBROKE PINES, FL 33084-0254 US
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2. Principal Place of Business - No P.O. Box # <b>504 S. 2nd STREET</b>	3. Mailing Address <b>P.O. Box 330067</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE BEACH, FL</b>	City & State <b>ATLANTIC BEACH, FL</b>
Zip <b>32250</b>	Zip <b>32233</b>
Country <b>USA</b>	Country <b>USA</b>

**40035845**

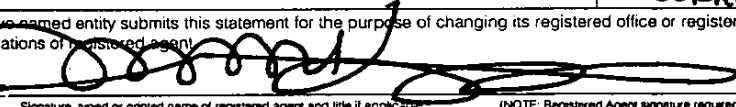


01302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0108496</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KROHN, I. MICHAEL III</b> <b>2851 POLK STREET</b> <b>HOLLYWOOD, FL 33020-4228</b>	7. Name and Address of New Registered Agent Name <b>KROHN, I. MICHAEL III</b> Street Address (P.O. Box Number is Not Acceptable) <b>9480 NW 40th STREET</b> City <b>CORAL SPRINGS</b> FL Zip Code <b>33065</b>
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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, the registered agent.

SIGNATURE:  DATE: **2/2/07**

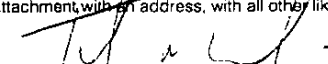
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROHN, GLENED A. 9480 NW 40TH ST CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KROHN, TODD B. 102 PINE STREET NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROHN, MARLEE B. 102 PINE STREET NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KROHN, I MICHAEL III 9480 NW 40TH STREET CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

RECEIVED  
DIVISION OF CORPORATE  
AND CONSUMER SERVICES  
2007 MAR -8 A 10:18  
DEPARTMENT OF AGRICULTURE  
AND CONSUMER SERVICES

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:  **TODD B. KROHN** DATE: **2-6-07** DAYTIME PHONE #: **904-249-5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR