2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073490

Entity Name: CENTER FOR CAREER DEVELOPMENT, LLC

FILED May 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

10335 CROSS CREEK BLVD SUITE 11 10335 CROSS CREEK BLVD SUITE 11

TAMPA, FL 336477900 TAMPA, FL 336477900 US

Current Mailing Address: New Mailing Address:

 10335 CROSS CREEK BLVD
 10335 CROSS CREEK BLVD

 SUITE 11
 SUITE 11

 TAMPA, FL 336477900
 TAMPA, FL 336477900 US

FEI Number: 30-0338035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORTED

1203 GOVERNORS SQUARE BLVD., SUITE 101

TALLAHASSEE EL 232013960 LIS

BUSINESS FILINGS INCORPORTED

1203 GOVERNORS SQUARE BLVD.
SUITE 101

TALLAHASSEE, FL 323012960 US SUITE 101
TALLAHASSEE, FL 323012960 US

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.

SIGNATURE: 05/28/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GRAMS, ELOISE
 Name:

 Address:
 2011 INDIAN TRAILS
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: POWEL, JOELLE Name: POWELL, JOELLE

Address: 10453 CANARY ISLE DR Address: 3453 HIGH HAMPTON CIRCLE

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33610

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 MELLON, DIANE
 Name:

 Address:
 3709 WEST TACON ST
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELOISE GRAMS MGRM 05/28/2006