

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23871

Entity Name: CDC-LACERTE, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

203 AVE A N.W.
202
WINTER HAVEN, FL 33881

Current Mailing Address:

P.O. BOX 7708
WINTER HAVEN, FL 33880

New Principal Place of Business:

199 AVENUE B N.W.
270
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-2977726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACERTE, GRANT A.
203 AVE A NW STE 202
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

LACERTE, GRANT A.
199 AVENUE B NW, STE 270
WINTER HAVEN, FL 33881 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: _____

Electronic Signature of Registered Agent

01/24/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LACERTE, GRANT A.,
Address: 203 AVE A NW ST 202
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD () Delete
Name: LACERTE, KAREN L
Address: 203 AVE A NW ST 202
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LACERTE, GRANT A.,
Address: 199 AVENUE B NW, STE 270
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD (X) Change () Addition
Name: LACERTE, KAREN L
Address: 199 AVENUE B NW, STE 270
City-St-Zip: WINTER HAVEN, FL 33881

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

SIGNATURE: KAREN LACERTE

PD

01/24/2008

Electronic Signature of Signing Officer or Director

Date