


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # M80188 1x Entity Name CHRISTIAN BUSINESS DIRECTORY-USA, INC.		
Principal Place of Business P.O. BOX 9583 FORT LAUDERDALE, FL 33310		Mailing Address P.O. BOX 9583 FORT LAUDERDALE, FL 33310
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DENMAN, JAMES B 2400 E. COMMERCIAL BLVD., STE. 208 FT. LAUDERDALE, FL 33308		DO NOT WRITE IN THIS SPACE
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 registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11000000509234 04/28/06-80037-007 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	SMITH, CECIL A.	
STREET ADDRESS	2041 N.E. 54TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	VP	
NAME	SMITH, GAIL E.	
STREET ADDRESS	2041 N.E. 54TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>CA Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-24-06 Date
		954-351-0673 Daytime Phone #