2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# M98245

Entity Name: CONSUMER COMMUNICATIONS, INC.

Current Principal Place of Business:

28358 TASCA DRIVE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

28358 TASCA DRIVE
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0072021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, J. STEPHEN
28000 SPANISH WELLS BLVD
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

PIERCE, ROBERT L
28358 TASCA DR
BONITA SPRINGS, FL 34135 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: ROBERT L PIERCE 04/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: PIERCE, ROBERT L
Address: 28358 TASCA DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete
Name: WALTERS, SHIRLENE E.,
Address: 9860 COSTA MESA LN # 503
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: PIERCE, ROBERT L
Address: 28358 TASCA DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DS (X) Change ( ) Addition
Name: PIERCE, H. JEANNE
Address: 28358 TASCA DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

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 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: ROBERT L PIERCE DPT 04/16/2007
Electronic Signature of Signing Officer or Director Date