


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N00168 1. Entity Name COMMERCE CENTER ASSOCIATION, INC	
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Principal Place of Business PO BOX 190363 FORT LAUDERDALE, FL 33319	Mailing Address PO BOX 190363 FORT LAUDERDALE, FL 33319
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2346950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARTER, IAN S 1089 SUNSET STRIP SUNRISE, FL 33313	DO NOT WRITE IN THIS SPACE
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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 registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, IAN S PO 190363 FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARTER, LILIA PO BOX 190363 FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, DR. JON 1085 SUNSET STRIP SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/07-80045-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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>Jan Carter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/13/07</u> <u>(954) 593-1171</u> <small>Date Daytime Phone #</small>
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