
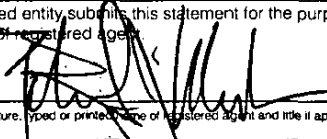
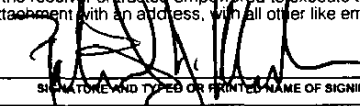


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90768 001 \*\*\*\*35.00  
04-30-2007 90768 002 \*\*\*\*35.00

<b>DOCUMENT # N02000009329</b> 1. Entity Name <b>COMMUNITY PARTNERSHIP GROUP, INC.</b>					
Principal Place of Business <b>2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404</b>			Mailing Address <b>2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-4252845</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CORBETT, JOHN 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Patrick McNamara</b> Street Address (P.O. Box Number is Not Acceptable) <b>2001 W. Blue Heron Boulevard</b> City <b>Riviera Beach, FL 33404</b> Zip Code <b>33404</b>	
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  <b>Patrick McNamara</b> DATE <b>4-17-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORBETT, JOHN 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gregory Demetriades 2001 W. Blue Heron Boulevard Riviera Beach, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCNAMARA, PATRICK J LCSW 2001 W BLUE HERON BLVD. RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Patrick McNamara 2001 W. Blue Heron Boulevard Riviera Beach, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNEIP, ROBERT C 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Patricia Bremekamp 2001 W. Blue Heron Boulevard Riviera Beach, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			<b>Patrick McNamara</b> 4/17/07 (SBI) 841-3500 x1009		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

