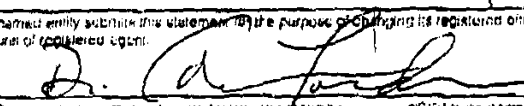
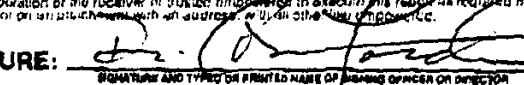


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 015 ****61.25

DOCUMENT # N03000004653			
1. Entity Name COMMUNITY EMPLOYMENT AND COUNSELING CENTER, INC.			
Principal Place of Business 12860 SW 51 STREET MIRAMAR, FL 33027		Mailing Address P.O. BOX 173771 HIALEAH, FL 33017	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Fee Number APPLIED FOR		☒ Assessed for ☐ Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORDE, COLIN A DR 12860 SW 51 STREET MIRAMAR, FL 33027		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 filling with and accept the signature of registered agent.			
SIGNATURE 		DATE 4-29-05	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☒ Delete	D FORDE, COLIN A DR 12860 SW 51 STREET MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☒ Change ☐ Addition	D FORDE, COLIN A. DR 12860 SW 51 STREET, MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	D KING, CHRISTINE M 1270 NW 131 STREET MIAMI, FL 33187	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	D ARNO, DAWN DR 501 W 121 STREET #24 NEW YORK, NY 10027	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 or officer or director of the corporation as required by Chapter 417, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report.			
SIGNATURE: 		DATE 4-29-05 (305) 829-2943	
SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		DATE	