2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2006
Secretary of State

DOCUMENT# N03000008220

Entity Name: CHRISTIAN CARE COUNSELING CENTER INC.

Current Principal Place of Business:

3401 LAKE BREEZE DRIVE #601A
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3401 LAKE BREEZE DRIVE #601A
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 04-3776239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRUMER, BARRY N
3401 LAKE BREEZE DRIVE #601A
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AMESTY, JUAN C
Address: 925 S KIRMAN RD #209
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: AMESTY, DINORATH C
Address: 925 S KIRMAN RD #209
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: EULOGIO, RODRIGUEZ A
Address: 4090 COCO PLUM CIR
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: AMESTY, JUAN C
Address: 925 S KIRMAN RD #209
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR JUAN CARLOS AMESTY DR 06/17/2006

Electronic Signature of Signing Officer or Director — Date