2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2006
Secretary of State

DOCUMENT# N05000004509

Entity Name: CELESTIAL COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

2804 N 17TH ST
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2804 N 17TH ST
TAMPA, FL 33605

New Mailing Address:

P. O. BOX 7593
TAMPA, FL 33673

FEI Number: 20-3054749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBSTER, KENNETH
11323 HOLLYGLEN DR
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

ABRAHAM, BOLARINWA
11323 HOLLYGLEN DR
TAMPA, FL 33624 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: ABRAHAM BOLARINWA 04/22/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOLARINWA, ABRAHAM G
Address: 11323 HOLLYGLEN DR
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: WEBSTER, ADRIENE
Address: 1014B CARRIN DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: AKINRIMISI, FIXSON
Address: 1018 E 108 AVE
City-St-Zip: TAMPA, FL 33612

Title: D (X) Delete
Name: IGBOKWE, CHRISTOHPER
Address: 2804 N 17TH ST
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete
Name: BOLARINWA, CAROLINE
Address: 11323 HOLLYGLEN DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BOLARINWA, ABRAHAM G
Address: 11323 HOLLYGLEN DR
City-St-Zip: TAMPA, FL 33624

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

Title: DS (X) Change ( ) Addition
Name: AKINRIMISI, FIXSON
Address: 1018 E 108 AVE
City-St-Zip: TAMPA, FL 33612

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: ABRAHAM BOLARINWA DP 04/22/2006
Electronic Signature of Signing Officer or Director Date