2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 17, 2007 8:00 am Secretary of State

DOCUMENT # N05000005755 1. Entity Name CASA BIANCA COMMUNITY DEVELOPMENT CORPORATION.					1	08-17-2007	90029 03	1 ****70).00	
Principal Place of Business 374 PINNEY WOODS ROAD MONTICELLO, FL 32344 Mailing Address 374 PINNEY WOODS ROAD MONTICELLO, FL 32344					• • • • •					
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08152007	Sha ND	CD2E027	(40/00)		
City & State		City & State			4. FEI Number	Chg-NP —————	CR2E037 		plied For	
Zip	Country	7:-	0		20-46029	92	- / -	No	t Applicable	
ΖIÞ	Country	Zip	Country		5. Certificate of S	Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent	Name		7. Name and Ad	dress of New R	egistered Aç	jent		
THOMPSON, BURNETTE C				Street Address (P.O. Box Number is Not Acceptable)						
	EY WOODS ROAD LLO, FL 32344		Street Address		2.O. Box Number is	Not Acceptable	ı) 		· · · · · · · · · · · · · · · · · · ·	
			City		<u></u>		FL	Zip Code	•	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office or	registere	ed agent, or both, i	n the State of Flo	rida. I am fa	miliar with,	and accept	
ine obligat										
SIGNATURE .										
	Signature, typed or printed name of registered agent	and title if applicable (NOTE F	Registered Agent signat	bre required	when reinstating)		DATE			
Filling Fee is \$61.25 Due by September 14, 2007 9. Election Campa Trust Fund Con			saign Einancing	\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
Di					\$5.00 May Be Added to Fees			nent of St		
10.	ue by September 14, 2007 OFFICERS AND DIE	Trust Fund Co.	ntribution.	A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flori	l da Departn RS AND DIRE	CTORS IN	ate	
	OFFICERS AND DIF DC THOMPSON, BURNETTE 374 PINNEY WOODS ROAD	Trust Fund Co.	ntribution.	DS Dore 898	Added to Fees DDITIONS/CHANG THEA Rabon	Flori GES TO OFFICER Tones Road	ida Departn RS AND DIRE		ate	
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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: Dundle Mane of Signing Officer or Director

8/16/07

(850) 645-8050