2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011490

FILED Apr 26, 2007 Secretary of State

Entity Name: THE CONSTITUTION COMMITTEE OF THE UNITED STATES, INC.

	rincipal Place of Business:	New Principal Place of Business:
7841 SW ⁄IIAMI, FL	108TH CT 33157	809 N LAKE WORTH, FL 33460 US
Current M	lailing Address:	New Mailing Address:
809 N, LAKE WC	DRTH, FL 33460	809 N LAKE WORTH, FL 33460 US
El Number	: 20-3792358 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent	: Name and Address of New Registered Agent:
	AVID A TH O STREET RTH, FL 33460 US	WOOD, DAVID A 809 N, LAKE WORTH, FL 33460 US
	e named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	04/26/2007
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
ïtle: lame: .ddress:	P/D () Delete TAFFEL, DEAN G 139 LAKE MERYL DRIVE	Title: () Change () Addition Name: Address:
ity-St-Zip:	WEST PALM BEACH, FL 33411	City-St-Zip:
city-St-Zip: itle: lame: ddress: city-St-Zip:	WEST PALM BEACH, FL 33411 VP/D () Delete WOOD, DAVID A 809 N. LAKE WORTH, FL 33460	
itle: lame: ddress:	VP/D () Delete WOOD, DAVID A 809 N.	City-St-Zip: Title: () Change () Addition Name: Address:
itle: lame: .ddress: itly-St-Zip: itle: lame: .dame: .ddress: ittle: lame: .ddress:	VP/D () Delete WOOD, DAVID A 809 N. LAKE WORTH, FL 33460 T/D () Delete GORMAN, WILLIAM P 2936 LAKESHORE DRIVE, #403	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
itle: lame: .ddress: bity-St-Zip: itle: lame: .ddress:	VP/D () Delete WOOD, DAVID A 809 N. LAKE WORTH, FL 33460 T/D () Delete GORMAN, WILLIAM P 2936 LAKESHORE DRIVE, #403 RIVIERA BEACH, FL 33404 D () Delete SUSCO, BARBARA G 7164 ST. ANDREWS ROAD	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: 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 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: WILLIAM P. GORMAN TD 04/26/2007