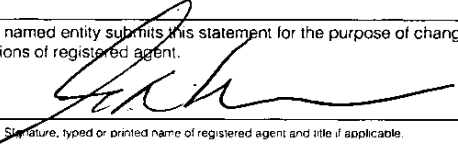
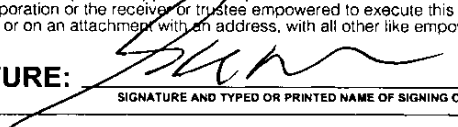


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90028 004 ****61.25

DOCUMENT # N06000008332 1. Entity Name CORPORATE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418			Mailing Address 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business - No P.O. Box # 12557 EQUINE LN		3. Mailing Address 12557 EQUINE LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wellington FL		City & State Wellington, FL		4. FEI Number 20-8014787	
Zip 33414		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLER, GLEN R 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Weller, Glenn R Street Address (P.O. Box Number is Not Acceptable) 12557 EQUINE LN City Wellington FL Zip Code 33414		
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 familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELLER, GLENN R 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12557 EQUINE LN Wellington, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WINFREE, WHIT 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1530 CYPRESS PALME, STE F JUPITER, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WELLER, KEITH 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2341 SW ABALON CIRCLE PORT ST. LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  G. Weller 2/5/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					