2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N24005

Entity Name: CORPORATE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O DEAKIN PROPERTY SERVICES, LLC
2909 W. BAY TO BAY BLVD. #108
TAMPA, FL 33629

New Principal Place of Business:

C/O DEAKIN PROPERTY SERVICES, LLC
2909 W. BAY TO BAY BLVD. STE 108
TAMPA, FL 33629

Current Mailing Address:

C/O DEAKIN PROPERTY SERVICES, LLC
P.O. BOX 433
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-2957490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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:	DP	( ) Delete
Name:	TAGGART, JOSEPH W	
Address:	16401 AVILA BLVD	
City-St-Zip:	TAMPA, FL 33613	
Title:	VPD	( ) Delete
Name:	HOLMES, ROBERT J	
Address:	1905 EBENEZER ROAD	
City-St-Zip:	ROCK HILL, SC 29732	
Title:	VPD	( ) Delete
Name:	TALLICHET, JOHN	
Address:	8191 EAST KAISER BLVD.	
City-St-Zip:	ANAHEIM, CA 92808	
Title:	VPD	( ) Delete
Name:	GHUZZI, JOHN	
Address:	8191 EAST KAISER BLVD.	
City-St-Zip:	ANAHEIM, CA 92808	
Title:	TSD	( ) Delete
Name:	DEAKIN, BARBARA	
Address:	2909 W. BAY TO BAY BLVD. #108	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	FINK, SCOTT	
Address:	3936 US HWY 19	
City-St-Zip:	NEW PORT RICHEY, FL 34652	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
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:	
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: BARBARA DEAKIN TSD 04/16/2009

Electronic Signature of Signing Officer or Director — Date