

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2007
Secretary of State**

DOCUMENT# N97000006632

Entity Name: COMMUNITY CASE MANAGEMENT, INC.

Current Principal Place of Business:

99 NW 183RD STREET, #118
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

99 NW 183RD STREET,#118
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0797196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAHAM, TARSHA
19920 NE 2ND CT
MIAMI, FL 33179 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: P () Delete
Name: GRAHAM, TARSHA
Address: 19920 N.E. 2 COURT
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: BORRELL, MAGALI
Address: 3010 NW 20 ST
City-St-Zip: MIAMI, FL 33123

Title: D () Delete
Name: JONES, TODD
Address: 18921 NW 2 AVE #C
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MILLER, PATRICIA
Address: 1249 N.W. 100 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: WILLIAMS, TONYA
Address: 20603 N.W. 22 PLACE
City-St-Zip: MIAMI, FL 33055

Title: ST () Delete
Name: VANDYKE, CORETTA
Address: 17625 NW 47 AVE
City-St-Zip: MIAMI, FL 33056

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: TARSHA GRAHAM

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date