2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003898

FILED Apr 27, 2006 Secretary of State

Entity Name: COMMUNITY RESOURCE CONNECTIONS INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
155 S MIAMI AV BUITE 1150 MIAMI, FL 33131			SUITE 850	155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131		
Current Mailing Address:			New Maili	New Mailing Address:		
155 S MIAMI AV BUITE 1150 MIAMI, FL 33131			SUITE 850	155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131		
El Number:	91-1920704	FEI Number Applied For ()	FEI Number Not Appl	clicable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
I155 SOU ⁻ SUITE 115 MIAMI, FL The above	33131 US		1155 SOU ⁻ SUITE 850 MIAMI, FL	I BARCUS, MARIA ITH MIAMI AV) 33131 US its registered office or registered agent, or both,		
SIGNATURE:				04/27/2006		
	Electron	nic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	C (QUICK, LINDA 6363 TAFT STI HOLLYWOOD,	REET STE 200	Title: Name: Address: City-St-Zip:	() Change () Addition		
itle: lame: ddress: City-St-Zip:	SD (CASALE, FRAN 16400 NW 32 A MIAMI, FL 330	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: Dity-St-Zip:	GARCIA, TERE	ORE DR 10TH FL	Title: Name: Address: City-St-Zip:	() Change () Addition		
itle: lame: lddress: city-St-Zip:	DANNER, STE	L AVE STE 1402	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	BELL, ED 717 VIA VEROI) Delete NA EACH, FL 33442	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Nddress:	BARCUS, MAR	AVE, SUITE 1150	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BARCUS, MARIA P 1155 S MIAMI AVE, SUITE 850 MIAMI, FL 33131		

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER L. ACTON CFO 04/27/2006