2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044065

Entity Name: CCIN REAL ESTATE SERVICES, INC.

FILED Jan 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11250 OLD ST. AUGUSTINE ROAD 304 S BARTRAM TRAIL 15-176 JACKSONVILLE, FL 32259

JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

5344 TURTLEBACK CROSSING
JACKSONVILLE, FL 32258
304 S BARTRAM TRAIL
JACKSONVILLE, FL 32259

FEI Number: 59-3717409 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:

GREGORY, NORMAN WILLIAM
5344 TURTLEBACK CROSSING
JACKSONVILLE, FL 32258 US
GREGORY, NORMAN WILLIAM
304 S BARTRAM TRAIL
JACKSONVILLE, FL 32259 US

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: NORMAN WILLIAM GREGORY 01/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GREGORY, NORMAN WILLIAM GREGORY, NORMAN WILLIAM Name: Name: 5344 TURTLEBACK CROSSING LN. 304 S BARTRAM TRAIL Address: Address: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name:GREGORY, LEONRA SName:GREGORY, LEONRA SAddress:5344 TURTLEBACK CROSSING LN.Address:304 S BARTRAM TRAILCity-St-Zip:JACKSONVILLE, FL 32258City-St-Zip:JACKSONVILLE, FL 32259

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN WILLIAM GREGORY DPT 01/26/2006