2006 FUR PROFIT GURPURATION ANNUAL REPORT

FILED **DOCUMENT # P01000046490** Mar 17, 2006 08:00 AM 1. Entity Name **Secretary of State** C.A.H. PARKING, INC. Principal Place of Business Mailing Address 805 EAST HILLSBORD BLVD. 805 EAST HILLSBORO BLVD. SUITE 206 SUITE 206 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 CR2E034 (11/05) 02062008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1110224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DROSKY, TODD C ESQUIRE DO NOT WRITE 805 EAST HILLSBORO BLVD. SUITE 208 IN THIS SPACE DEERFIELD BEACH, FL 33441 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or provide name of remotered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) U00000047091 i 2. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 03/28/06-80031-020 **1**50**.00** Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS to. TITLE D HENNIGAR, CURTIS A NAME STREET ADORESS 805 EAST HILLSBORO BLVD. STE 206 CHY-ST-ZIP DEERFIELD BEACH, FL 33441 TITLE NAME STREET ADDRESS CITY-ST-ZIP me NAME STIRET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 suppliemental report is true and accurate and that my signature shall have the same logal 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1907ATURE ATO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

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