2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093883

Entity Name: CC EVENT PRODUCTIONS, INCORPORATED

FILED Mar 14, 2006 Secretary of State

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

4800 US 301 NORTH 1710 REPUBLIC DECUBA TAMPA, FL 33619 TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

PO BOX 76189 4800 US 301 NORTH TAMPA, FL 33619 TAMPA, FL 33605

FEI Number: 03-0400958 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:

LAWSON, MONICA Z 2403 STATE ST TAMPA, FL 33609 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:

Title:

Electronic Signature of Registered Agent Date

Title:

VD

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

VD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition COX-HICKEY, TERESA COX-HICKEY, TERESA Name: Name: 4800 US 301 NORTH 1710 REPUBLIC DECUBA Address: Address: City-St-Zip:

TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33605

(X) Change () Addition () Delete COX. CHARLES G Name: Name: COX. CHARLES G 4800 US 301 NORTH 1710 REPUBLIC DE CUBA Address: Address: TAMPA, FL 33605 TAMPA, FL 33619 City-St-Zip: City-St-Zip:

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

COX, PATRICIA A Name: COX, PATRICIA A Name: 4800 US 301 NORTH 1710 REPUBLIC DECUBA Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33605

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: TERESA COX HICKEY **PRES** 03/14/2006