

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**May 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000106974

1. Entity Name
THE CHRISTIAN CONSUMER NETWORK, INC.



Principal Place of Business
209 N. FT. LAUDERDALE BEACH BLVD
JUNIT 16F
FT. LAUDERDALE, FL 33304

Mailing Address
209 N. FT. LAUDERDALE BEACH BLVD
UNIT 16F
FT. LAUDERDALE, FL 33304



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1154768** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

GAETA, JOHN
3594 S. OCEAN BLVD., #101
HIGHLAND BCH, FL 33487

**DO NOT WRITE
IN THIS SPACE**

3. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GAETA, JOHN
STREET ADDRESS	3594 S. OCEAN BLVD., #101
CITY - ST - ZIP	HIGHLAND BCH, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/05/05-80036-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2005

Date

Daytime Phone #