


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118888 1. Entity Name COMMUNITY CAPACITY BUILDERS, INC.						FILED 05 AUG 25 PM 12:07 SECRET TALLAHASSEE, FL	
Principal Place of Business 1555 SW 109TH AVE, STE. 310 PEMBROKE PINES, FL 33025 US				Mailing Address 1555 SW 109TH AVE, STE. 310 PEMBROKE PINES, FL 33025 US			
2. Principal Place of Business Suite, Apt. #, etc. 				3. Mailing Address 11020 PEMBROKE ROAD Suite, Apt. #, etc. #211			
City & State 				City & State MIRAMAR, FL			
Zip 		Country 		Zip 33025		Country USA	
4. FEI Number 80-0021402				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, GRETCHEN 5226 WOODRUFF LN., #32B PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name HAYNES, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1555 SW 109TH AVE SUITE 310 City PEMBROKE PINES FL Zip Code 33025			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Edward L. Haynes</u> EDWARD L. HAYNES 8/20/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PST HAYNES, EDWARD L. <input type="checkbox"/> Delete 1555 SW 109TH AVE, STE. 310 PEMBROKE PINES, FL 33025				D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAYNES, CANDYCE 1555 SW 109TH AVE #310 PEMBROKE PINES, FL 33025			
D <input checked="" type="checkbox"/> Delete SMITH, GRETCHEN 5226 WOODRUFF LN, #32B PALM BEACH GARDENS, FL 33401				700059016017 08/26/05--01003--022 **\$875.00			
D <input type="checkbox"/> Delete HAYNES, ADRIENE 1555 SW 109TH AVE #310 PEMBROKE PINES, FL 33025				700059016017 08/26/05--01003--023 **\$150.00			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Edward L. Haynes</u> EDWARD L. HAYNES 8/20/05 (954) 445-3779 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							