

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005627

FILED
Jan 23, 2007
Secretary of State

Entity Name: CCI OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

985 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

3285 HEIRLOOM ROSE PL
OVIEDO, FL 32766 US

Current Mailing Address:

985 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

New Mailing Address:

3285 HEIRLOOM ROSE PL
OVIEDO, FL 32766 US

FEI Number: 75-3000418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL LLANO, JOSE M
985 N. LAKE CLAIRE CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

DEL LLANO, JOSE M
3285 HEIRLOOM ROSE PL
OVIEDO, FL 32766 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:

01/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL LLANO, JOSE M
Address: 985 NORTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: V () Delete
Name: DEL LLANO, CARMEN I
Address: 985 NORTH LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEL LLANO, JOSE M
Address: 3285 HEIRLOOM ROSE PL
City-St-Zip: OVIEDO, FL 32766 US

Title: V (X) Change () Addition
Name: DEL LLANO, CARMEN I
Address: 3285 HEIRLOOM ROSE PL
City-St-Zip: OVIEDO, FL 32766 US

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: JOSE M DEL LLANO

P

01/23/2007

Electronic Signature of Signing Officer or Director

Date