2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 AM Secretary of State

DOCUI 1. Entity Nam CCMR, IN		5			!	SCICI	ny or st
	REWS AVE EXT.	Aailing Address 3003 N ANDREWS AVE EXT. POMPANO BCH, FL 33064	.1				
		***************************************	01082008 No Chg-P CR2E034 (11/05)				
D	O NOT WRITE II	N THIS SPA	CE	01082008 4. FEI Numbe 01-0652	er	•	Applied For Not Applicable
		•	•	5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Regis	stered Agent					
3003 N AN POMPANO 8. The above	STEVEN M IDREWS AVE EXT. D BCH, FL 33064	purpose of changing its registe	red office or register	IN 7	NOT W THIS SP h, in the State of Flo	PACE	ar with, and accept
SIGNATURE_	ions of registered agent. Signature, typed or printed name of registered agent and title	e if applicable (NOTE: Register	ed Agent signature required	i when reinstating)		DATE	.
FIL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ancing \$5	.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS	- ', '				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUKES, STEVEN M 3003 N ANDREWS AVE EXT. POMPANO BCH, FL 33064				Linno	ົ່ນກັດຄວາກ	
TITLE NAME STREET ADDRESS	-				00000 01/31/08)0800226 3-80009-0	01 150.00
CITY-ST-ZIP TITLE NAME		, , , , , , , , , , , , , , , , , , , ,	·		·		•••
STREET ADDRESS				DO	NOT W	RITE	

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 tertify 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 eprovered to execute this report as required by chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like eprovered.

SIGNATURE:

TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF BIGNING OFFICER OR DIREC

IN THIS SPACE