

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055342

FILED
Apr 11, 2007
Secretary of State

Entity Name: COMMUNITY REINVESTMENT ADVISORS, INC.

Current Principal Place of Business:

3399 PGA BOULEVARD
SUITE 450
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4801 PGA BOULEVARD
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

3399 PGA BOULEVARD
SUITE 450
PALM BEACH GARDENS, FL 33410

New Mailing Address:

4801 PGA BOULEVARD
PALM BEACH GARDENS, FL 33418

FEI Number: 90-0044690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, DAVID
3399 PGA BOULEVARD
SUITE 450
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

PETER D. CUMMINGS & ASSOCIATES, INC.
4801 PGA BOULEVARD
PALM BEACH GARDENS, FL 33418 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: DAVID A. DEAN

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: COLLINS, PETER H
Address: 350 CAMINO GARDENS BLVD., SUITE 102
City-St-Zip: BOCA RATON, FL 33432

Title: V () Delete
Name: CUMMINGS, KEITH L
Address: 3399 PGA BOULEVARD, SUITE 450
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V () Delete
Name: DEAN, DAVID A
Address: 3399 PGA BOULEVARD, SUITE 450
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CUMMINGS, KEITH L
Address: 4801 PGA BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V (X) Change () Addition
Name: DEAN, DAVID A
Address: 4801 PGA BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: DAVID A. DEAN

VP

04/11/2007

Electronic Signature of Signing Officer or Director

Date