## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 22, 2007 8:00 am Secretary of State

DOCUMENT # P02000065235  1. Entity Name CB-ASC, INC.					02-22-2007 90010 042 ***150.00				
Principal Place	e of Business	Mailing Address				4002273	3		
1650 ARABIA		1650 ARABIAN LANE				4005512	, •		
PALM HARBO	)R, FL 34685	PALM HARBOR, FL 3468	85			•			
	lace of Business - No P.O. Box #	3. Mailing Address 2003 Hatboru	a+ch Circle	•		1241   1481   1841   1851   1851   1851   1851   1851   1851   1851   1851   1851   1851   1851   1851   1851			<b>  151</b>       1 <b>55</b>
Suite, Apt.	TIME TO THE TENT	Suite, Apt. #, etc.	4,000		02082007	Chg-P	CR2E	034 (12/06)	
City & State	e _	City & State			4. FEI Numb	er		Ap	plied For
TARRONS	SPRINGS FL	TARPON SPRINGS			03-045	8862	<del></del>	No	t Applicable
3469	39 Country	34689	Country	Ì	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent	0.3/1		7. Name and	Address of New	Registered	'	
BOLICHI A	S CONSTANTINE		Name						
BOUCHLAS, CONSTANTINE 2003 HARBORWATCH CIRCLE				Street Address (P.O. Box Number is Not Acceptable)					
TARPON S	SPRINGS, FL 34689					<del></del>			
			City				F	Žip Code	<del> </del>
8. The above	named entity submits this statement fo	r the purpose of changing its re	eaistered office or	registere	ed agent, or bo	th, in the State of F			and accept
the obligati	ions of registered agent.		·	Ū	_				
SIGNATURE.									
	Company and an experience of confidence of a c	and side if a columbia (6.600)	Decisional Assets				DATE:		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signati	ure required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig	n Financing	\$5.	when reinstating)  OO May Be and to Fees		DATE		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contrit DIRECTORS	n Financing bution.	\$5.	00 May Be ad to Fees	CHANGES TO OF		ND DIRECTOR	
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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 certify that the information indicated on this report or supplemental report is true and acculate and that my signature shall have the same legal effect as if made under cath; 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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER ON DIRECTOR

114/2007

727-724-5600

Daytime Phone #