

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102562

FILED
Jan 08, 2006
Secretary of State

Entity Name: THE CENTER FOR CONTINUITY AND RECOVERY ADVICE INC.

Current Principal Place of Business:

3175 FAIRWAY CIRCLE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291214
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 38-4514879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLET, LAURA A
3175 FAIRWAY CIRCLE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MALLET, LAURA A
Address: P.O. BOX 291214
City-St-Zip: DAVIE, FL 33329

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LAURA A. MALLET

MS.

01/08/2006

Electronic Signature of Signing Officer or Director

Date