2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P03000026416

Entity Name: CC SERVICES, INC.

Current Principal Place of Business:

4650 NE 2ND AVENUE
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

9573 OLD PINE ROAD
BOCA RATON, FL 33428 US

Current Mailing Address:

4650 NE 2ND AVENUE
FORT LAUDERDALE, FL 33334 US

New Mailing Address:

9573 OLD PINE ROAD
BOCA RATON, FL 33428 US

FEI Number: 86-1051434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAWSON, WALTER C III
4650 NE 2ND AVENUE
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

CLAWSON, WALTER C III
9573 OLD PINE ROAD
BOCA RATON, FL 33428 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: WALTER C. CLAWSON III 04/13/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLAWSON, WALTER C III
Address: 4650 NE 2ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334 U

Title: VP ( ) Delete
Name: CLAWSON, DEBORA A
Address: 4650 NE 2ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CLAWSON, WALTER C III
Address: 9573 OLD PINE ROAD
City-St-Zip: BOCA RATON, FL 33428 U

Title: VP (X) Change ( ) Addition
Name: CLAWSON, DEBORA A
Address: 9573 OLD PINE ROAD
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBORA A. CLAWSON VP 04/13/2004
Electronic Signature of Signing Officer or Director Date