

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030671

FILED
Mar 23, 2009
Secretary of State

Entity Name: CORPORATE CRISIS MANAGEMENT, INC.

Current Principal Place of Business:

13302 WINDING OAK COURT
SUITE B
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

13302 WINDING OAK COURT
P.O. BOX 280418
TAMPA, FL 33682

New Mailing Address:

FEI Number: 48-1304054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, MICHAEL J
1425 SAN MATEO DRIVE
DUNEDIN, FL 34698 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: CEO () Delete
Name: FOJT, DIANE F
Address: P.O. BOX 280418
City-St-Zip: TAMPA, FL 33682

Title: CFO () Delete
Name: DEAN, MICHAEL J
Address: 1425 SAN MATEO DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: AUSTIN, MICHAEL
Address: 7410 CLEARVIEW DR
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: COLLINS, HEATHER
Address: 2205 ANDRE DR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: TABLER, ROBERT
Address: 5013 GAINESVILLE DRIVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DIANE F. FOJT

CEO

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date