

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000030671

**FILED**  
**May 09, 2011**  
**Secretary of State**

**Entity Name:** CORPORATE CRISIS MANAGEMENT, INC.

**Current Principal Place of Business:**

13521 CAPITOL DR.  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: FOJT, DIANE F  
Address: P.O. BOX 280418  
City-St-Zip: TAMPA, FL 33682

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DIANE F. FOJT

CEO

05/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date