

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030671

FILED
Apr 12, 2012
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:

FOJT, DIANE F
2205 ANDRE DRIVE
LUTZ, FL 33549 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: DIANE F. FOJT

04/12/2012

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: PO BOX 4152
City-St-Zip: ST PETERSBURG, FL 33731

Title: D
Name: COHEN, CAROL
Address: 516 BROXBURN AVE.
City-St-Zip: TAMPA, FL 33617

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

Title: D
Name: HERSH, ROBERT
Address: 154 EASTAULKEE AVE.
City-St-Zip: MICANOPY, FL 32667

Title: D
Name: RICKETTS, JILL
Address: 4415 NORTH SWAN CIRCLE
City-St-Zip: TAMPA, FL 33609

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

04/12/2012

Electronic Signature of Signing Officer or Director

Date