2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM Secretary of State

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1. Entity Nar	IMENT # P0400051 CED PRO-COM, INC.	981			S	Secretar	y of Sta
323 PAR AV	ce of Business /E. E, FL 32901	Mailing Address 323 PAR AVE. MELBOURNE, FL 32901			IK TIK IIAK ISKI CIUL KI	14 1141 141 415 HIL	1898 \$1898 B1 18 1888
C	OO NOT WRITE	CE	01152007 No Chg-P CR2E034 (11/05) 4. FEI Number				
6. Name and Address of Current Registered Agent WORM, GARY 323 PAR AVE. MELBOURNE, FL 32901			DO NOT WRITE IN THIS SPACE				
8. The above the obligation	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a		ed office or register		oth, in the State of Flo	orida. I am familiar	with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Élection Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D WORM, GARY 323 PAR AVE. MELBOURNE, FL 32901	IRECTORS				90 590331 ?-800 52 -00	4 150.00
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS		<u> </u>	·	D O	NOT W	'DITE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath: 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:	Gary Worm	01-15-67	321-984-139
SIGNATURE AND TYNED OR PRINTED NAME OF SIGNING O	IFFICER OR DIRECTOR	Date	Daytime Pnone ≠