


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000060666 1. Entity Name CCTV SPECIALTY.COM INC.	
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Principal Place of Business 6313 C. DURHAM DR LAKE WORTH, FL 33467	Mailing Address 6313 C. DURHAM DR LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



07012006 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1699860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEROUANNA, JAMI L 6313 C. DURHAM DR LAKE WORTH, FL 33467

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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jami DeRouanna Jami L</u> 7/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEROUANNA, JAMI 6313 C. DURHAM DR LAKE WORTH, FL 33467
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<p>U00000568441 07/07/06-80008-023 550.00</p> DO NOT WRITE IN THIS SPACE

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Jami L</u> 7/3/06 966-0997 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
