


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90187 005 ***150.00

DOCUMENT # P04000062113

1. Entity Name
COMMUNITY DIRECTORIES OF AMERICA, INC.



Principal Place of Business
**6401 CONGRESS AVE SUITE 140
 BOCA RATON, FL 33487**

Mailing Address
**6401 CONGRESS AVE SUITE 140
 BOCA RATON, FL 33487**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04212006 Chg-P CR2E034 (11/05)



4. FEI Number
05-0601730

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIPPMAN, STEVE 6401 CONGRESS AVE #140 BOCA RATON, FL 33487	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPPMAN, STEVE		NAME	
STREET ADDRESS 6401 CONGRESS AVE SUITE 140		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33487		CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANK, JOSEPH R		NAME	
STREET ADDRESS 6401 CONGRESS AVE SUITE 140		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33487		CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANK, LINDA		NAME	
STREET ADDRESS 6401 CONGRESS AVE SUITE 140		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33487		CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPPMAN, MARY		NAME	
STREET ADDRESS 6401 CONGRESS AVE SUITE 140		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33487		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		NAME LIPPMAN, KAREN	
CITY-ST-ZIP		STREET ADDRESS 6401 CONGRESS AVE SUITE 140	
		CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		NAME GLOWACKI, DON	
CITY-ST-ZIP		STREET ADDRESS 6401 CONGRESS AVE SUITE 140	
		CITY-ST-ZIP BOCA RATON, FL 33487	

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 to this report, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/06** Daytime Phone #: **561-999-9701**