2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2007
Secretary of State

DOCUMENT# P04000082068

Entity Name: COMMUNITY COUNSELING CENTER OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

10008 BEAR LAKE ROAD
APOPKA, FL 327031928

New Principal Place of Business:

499 STATE ROAD 434
2007
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 161585
ALTAMONTE SPRINGS, FL 327161585

New Mailing Address:

FEI Number: 56-2463919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HUNGERFORD, CORRIE L
Address: 10008 BEAR LAKE ROAD
City-St-Zip: APOPKA, FL 327031928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CORRIE L. HUNGERFORD PSTD 01/07/2007

Electronic Signature of Signing Officer or Director — Date