

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000119436

1. Entity Name
C-C DON & ASSOCIATES, INC.



Principal Place of Business

4262 WEST RD., UNIT A
WEST PALM BEACH, FL 33407

Mailing Address

4262 WEST RD., UNIT A
WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

**FILED
Aug 22, 2006 8:00 am
Secretary of State**

08-22-2006 90028 036 ***150.00

50025865



07192006 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|---|
| 4. FEI Number 51-0474275 | 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

BROWN, CAROL
4262 WEST RD., UNIT A
WEST PALM BEACH, FL 33407

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE:

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME BROWN, CAROL
STREET ADDRESS 4262 WEST RD., UNIT A
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE V
NAME CLARK, KARAN
STREET ADDRESS 4262 WEST RD., UNIT A
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-06

Date

Daytime Phone #