2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# P04000162935

Entity Name: CGS OF OKEECHOBEE INC.

Current Principal Place of Business:

608 SW PARROTT AVENUE
OKEECHOBEE, FL 33333

New Principal Place of Business:

608 SW PARROTT AVENUE
OKEECHOBEE, FL 34974

Current Mailing Address:

608 SW PARROTT AVENUE
OKEECHOBEE, FL 34999

New Mailing Address:

608 SW PARROTT AVENUE
OKEECHOBEE, FL 34974

FEI Number: 59-2625951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, H. L
3601 SW MASHIE COURT
PALM CITY, FL 34990 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: D (X) Delete
Name: GRIMES, JOHN
Address: 5959 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

Title: D (X) Delete
Name: GRIMES, TABITHA
Address: 5959 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: GILES, GREGG
Address: 5959 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: GILES, JAMI
Address: 5959 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: CHAPMAN, LEE
Address: 5959 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GREGG GILES PRES 05/03/2006

Electronic Signature of Signing Officer or Director Date