

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011670

Entity Name: C & C INSURANCE II, INC.

FILED
Jan 08, 2006
Secretary of State

Current Principal Place of Business:

12333 NW 18TH STREET
SUITE 1
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

12333 NW 18TH STREET
SUITE 1
PEMBROKE PINES, FL 33026

New Mailing Address:

PO BOX 824024
SOUTH FLORIDA, FL 33082

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEIN, MICHAEL
12333 NW 17TH STREET
SUITE 1
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

CLEIN, MICHAEL
12333 NW 18TH STREET
SUITE 1
PEMBROKE PINES, FL 33026 US

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: MICHAEL A CLEIN

01/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLEIN, MICHAEL
Address: 4002 PINWOOD LANE
City-St-Zip: WESTON, FL 33331

Title: VD () Delete
Name: RIDER, JENNIFER J
Address: 21541 WINDHAM RUN
City-St-Zip: ESTERO, FL 33928

Title: SD () Delete
Name: CLEIN, STEVEN
Address: 12333 NW 18TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: RIDER, VICTORIA
Address: 1408 WINKLER AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: RIDER, JOSEPH J
Address: 1408 WINKLER AVE.
City-St-Zip: FT. MYERS, FL 33901

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: STEVEN CLEIN

SD

01/08/2006

Electronic Signature of Signing Officer or Director

Date