


FILED
Aug 07, 2006 8:00 am
Secretary of State

07-17-2006 90138 041 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000094708

1. Entity Name
CRADLE C CORPORATION



Principal Place of Business Mailing Address
PO BOX 490324 PO BOX 490324
LAUDERDALE LAKES, FL 33349 LAUDERDALE LAKES, FL 33349

66022763



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03192006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

HYMAN, RHONA
4490 NW 3 ST
LAUDERDALE LAKES, FL 33319

4. FEI Number **51-0550084** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **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 reappointing) 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HYMAN, RHONA PO BOX 490324 LAUDERDALE LAKES, FL 33349	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT CHRISTOPHER O. HYMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY LISA HYMAN-GOODRIDGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rhona Hyman President 07-13-06 (951) 547-8193
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

P.O. Box 490324
Lauderdale Lakes Fl.

66032763

~~#P05000094708~~ 33349.

July 13, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500.

Sir / Madam:

Subject: Cradle C Corporation
Document # P05000094708

I acknowledge the enclosed «Notice of Intent to Dissolve.»
with much surprise.

Despite the adverse effects of the last hurricane season
on my property, from which I am still recovering,
nonetheless, I forwarded my annual report in
early April with a check for one hundred and
fifty dollars (\$150.00) to avoid any penalty.
This was sent by ordinary mail.

I ^{now} again submit the report, a direct
copy as was filed, and as was completed by
my accountant, and respectfully ask that
the additional fee of \$400.00 be waived.