


1082

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000103360**

1. Entity Name  
**COMMUNITY DEVELOPMENT RESOURCES UNITED, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP -6 PM 1:54

Principal Place of Business      Mailing Address  
**1925 VINELAND DR.**      **1925 VINELAND DR.**  
**TALLAHASSEE, FL 32317-7920**      **TALLAHASSEE, FL 32317-7920**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08252006    Chg-P    CR2E034 (11/05)

4. FEI Number <b>06-1756787</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MCGILL, PATRICIA W</b> <b>1925 VINELAND DR.</b> <b>TALLAHASSEE, FL 32317-7920</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCGILL, PATRICIA W</b> <b>1925 VINELAND DR.</b> <b>TALLAHASSEE, FL 323177920</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>000079714010</b> <b>09/12/06--01022--009    **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TAYLOR, CURTIS</b> <b>925 OLD BAINBRIDGE RD.</b> <b>TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:** Patricia W. McGill      Patricia McGill      8/31/06      878-3681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

September 6, 2006

To: The Department of State  
Division of Corporations

From: Community Development Resources United, Inc.  
FEID#: 06-1756787 *Patricia McSweeney*

Subject: Annual Report

The above referenced corporation wishes to request a waiver for submission of the late fee in the amount of \$400.00 for its Annual report. This waiver is being requested because the notice of renewal was not received at our address in time. Therefore, we are attaching a check in the amount of \$150.00 with our annual report.

We trust this will meet with your approval. We thank you in advance.