## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000000479

Entity Name: CDEFINC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1050 LANDMARK LN 246 WILSHIRE BLVD CASSELBERRY, FL 32707 CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

P.O. BOX 180131 246 WILSHIRE PLAZA CASSELBERRY, FL 32718 CASSELBERRY, FL 32707

FEI Number: 30-0384293 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOUROOZI, JAMES GAINES, RICHARD
1050 LANDMARK LN 246 WILSHIRE BLVD
CASSELBERRY, FL 32707 US CASSELBERRY, FL 32707

CASSELBERRY, FL 32707 US CASSELBERRY, FL 32707 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: RG 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 FOUROOZI, JAMES
 Name:
 GAINES, RICHARD

 Address:
 1050 LANDMARK LN
 Address:
 246 WILSHIRE BLVD

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:
 CASSELBERRY, FL 32707

Title: CEO (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FOUROOZI, JÁLIL
 Name:

 Address:
 1050 LANDMARK LN
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:

Title: CFO (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GAINES, RICHARD
 Name:

 Address:
 1050 LANDMARK LN
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GAINES, RICHARD
 Name:

 Address:
 1050 LANDMARK LN
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD GAINES P 04/23/2007