

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086940

FILED
Apr 24, 2007
Secretary of State

Entity Name: COMMUNITY AWARENESS PARTNERSHIPS INC.

Current Principal Place of Business:

5510 RIVER RD.
SUITE 114
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

7022 WAXWING DR.
NEW PORT RICHEY, FL 34653

Current Mailing Address:

5510 RIVER RD.
SUITE 114
NEW PORT RICHEY, FL 34652

New Mailing Address:

7022 WAXWING DR.
NEW PORT RICHEY, FL 34653

FEI Number: 20-5127428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

LEFEVER, DON C
7022 WAXWING DR.
NEW PORT RICHEY, FL 34653 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: DON C. LEFEVER

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEFEVER, DON
Address: 5510 RIVER RD. SUITE 114
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Delete
Name: UNKS, OWEN
Address: 5510 RIVER RD. SUITE 114
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD (X) Delete
Name: DUFRESNE, GRANT
Address: 5510 RIVER RD. SUITE 114
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Delete
Name: UNKS, VASSO
Address: 5510 RIVER RD. SUITE 114
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEFEVER, DON C
Address: 7022 WAXWING DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

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: DON C. LEFEVER

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date