2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118425

4714 N HABANA AVE

TAMPA, FL 33614 US

Address: City-St-Zip:

Entity Name: C & C ULTIMATE ENTERPRISES. INC

FILED Mar 15, 2007 Secretary of State

Entity Name: C&COLTIMATE ENTERPRISES, INC					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4714 N HA 2005 TAMPA, FI	ABANA AVE L 33614 US	6			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4714 N HA 2005 TAMPA, FI	ABANA AVE L 33614 US	3			
FEI Number:	: 20-5536165	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
LEWIS, CALVIN SR 4714 N HABANA AVE 2005 TAMPA, FL 33614 US			CLARK, LATINA 4714 N HABANA AVE 2005 TAMPA, FL 33614 US	4714 N HABANA AVE 2005	
	named entity s of Florida.	submits this statement for the pu	urpose of changing its registered of	office or registered agent, or both,	
SIGNATURE: LATINA CLARK				03/15/2007	
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CLARK, LATINA 4714 N HABAN, TAMPA, FL 330	A AVE	Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	VP (X) LEWIS, CALVIN 4714 N HABAN, TAMPA, FL 33	A AVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VP (X) LEWIS, CALVIN) Delete N SR	Title: (Name:) Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LATINA CLARK P 03/15/2007