
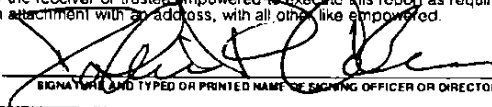


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 15, 2007 8:00 am
Secretary of State

04-20-2007 90094 015 ***150.00

DOCUMENT # P06000135516 1. Entity Name C.C.L.S., INC.					
Principal Place of Business 5450 SW 55 AVENUE DAVIE FL 33314 US			Mailing Address 5450 SW 55 AVENUE DAVIE FL 33314 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0238629	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COLEMAN, JOHNNIE P 5450 SW 55 AVENUE DAVIE FL 33314				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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME COLEMAN, JOHNNIE P	<input type="checkbox"/> Delete	TITLE	
STREET ADDRESS		5450 SW 55 AVENUE		STREET ADDRESS	
CITY-ST-ZIP		DAVIE FL 33314		CITY-ST-ZIP	
TITLE	S	NAME COLEMAN, KRISTEN	<input type="checkbox"/> Delete	TITLE	
STREET ADDRESS		5450 SW 55 AVENUE		STREET ADDRESS	
CITY-ST-ZIP		DAVIE FL 33314		CITY-ST-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  PRCS 9544942992					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					