

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000063382

**Entity Name:** COMMUNITY COLLEGE ASSOCIATES, INC.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

883 EAGLE VIEW DRIVE  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

**Current Mailing Address:**

883 EAGLE VIEW DRIVE  
TALLAHASSEE, FL 32311 US

**New Mailing Address:**

FEI Number: 26-2919943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COMINS, MICHAEL L  
883 EAGLE VIEW DRIVE  
TALLAHASSEE, FL 32311 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COMINS, MICHAEL L MICHAEL  
Address: 883 EAGLE VIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL COMINS

Electronic Signature of Signing Officer or Director

PRES

02/28/2011

Date