2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000001857

1. Entity Name
CENTER FOR COMMUNICATION ARTS, INC.

Principal Place of Business	Mailing Address
956 SALT POND PLACE, #7106 ALTAMONTE SPRINGS, FL 32714-7251	125 S. SWOOPE AVENUE 104 MAITLAND, FL 32751 US

DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3150956
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARLIN, PHILIP A
125 S. SWOOP AVENUE
#104
MAITLAND, FL 32751

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	CARLIN, PHILIP A
STREET ADDRESS	125 S. SWOOP AVENUE #104
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	CTD
NAME	MCMILLEN-FALLON, SUZANNE
STREET ADDRESS	9524 49TH W #13B
CITY-ST-ZIP	MUKUTO, WA
TITLE	D
NAME	MCMILLEN, CHAD
STREET ADDRESS	2161 EVANSDALE UPPER UNIT
CITY-ST-ZIP	TOLEDO, OH 43607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80027-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Phil A Carlin 4/1/06 407-831-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #