2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P94000026680 1. Entity Name CC'S ENDEAVORS, INC. Principal Place of Business Mailing Address 3944 N. SHELL RD. 3944 N. SHELL RD. SARASOTA, FL 34242 SARASOTA, FL 34242 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent MCGOVERN, CHARLES C III 3944 N. SHELL RD. SARASOTA, FL 34242

FILED Mar 31, 2008 08:00 A Secretary of State

3944 N. SHE Sarasota, F		944 N. SHELL RD. Arasota, FL 34242 US			
D	OO NOT WRITE II	N THIS SPACI	03272008 No Chg-P CR2E034 (11/05) 4. FEI Number		
	6. Name and Address of Current Regis	tered Agent	<u> </u>		
3944 N. SI	RN, CHARLES C III HELL RD. 'A, FL 34242		DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the plant of registered agent.	ourpose of changing its registered o	ffice or registered agent, or bol	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registered Age	ort agricuse required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be	U00000874866 	
10.	OFFICERS AND DIREC	OTORS		00,001 030 60000 0611140	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D MCGOVERN, CHARLES C III 3944 N. SHELL RD. SARASOTA, FL 34242				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOVERN, KRISTINA J 3944 N. SHELL RD. SARASOTA, FL 34242		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	•	
TITLE NAME					

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

NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP