

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P94000051828</b><br>1. Entity Name<br><b>CED CAPITAL HOLDINGS IV B, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                                                        |                                                                                                                                                               |                |  |
| Principal Place of Business<br><b>1551 SANDSPUR RD.<br/>MAITLAND, FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                        | Mailing Address<br><b>P O BOX 4961<br/>ORLANDO, FL 32802-4961</b>                                                                                             |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         | 3. Mailing Address                                                                                                     |                                                                                                                                                               |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                               |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | City & State                                                                                                           |                                                                                                                                                               |                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                 | Zip                                                                                                                    | Country                                                                                                                                                       | 4. FEI Number<br><b>59-3260838</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                        |                                                                                                                                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                   |                                                                                                 |  |
| <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA<br/>390 N. ORANGE AVE.<br/>SUITE 1100<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                        | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                        |                                                                                                                                                               |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                               |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                         |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CFOS<br/>SCIARRINO, MICHAEL J<br/>1551 SANDSPUR RD.<br/>MAITLAND, FL 32751</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>S<br/>SCIARRINO, MICHAEL J.<br/>1551 SANDSPUR ROAD<br/>MAITLAND, FL 32751</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP<br/>BROCK, JAY P<br/>1551 SANDSPUR RD.<br/>MAITLAND, FL 32751</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP<br/>SHASSIAN, LOUIS P<br/>1551 SANDSPUR RD.<br/>MAITLAND, FL 32751</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>800049350548<br/>03/29/05--01036--023 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP<br/>GINSBURG, ALAN H<br/>1551 SANDSPUR RD.<br/>MAITLAND, FL 32751</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP<br/>DOODY, TRICIA<br/>1551 SANDSPUR RD.<br/>MAITLAND, FL 32751</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>CFO<br/>MISSIGMAN, PAUL<br/>1551 SANDSPUR ROAD<br/>MAITLAND, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                                                                         |                                                                                                                        |                                                                                                                                                               |                                                                                                 |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br><b>ALAN H. GINSBURG, VICE PRES.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | <b>3/9/05</b><br><small>Date</small>                                                                                   |                                                                                                                                                               | <b>407/741-8500</b><br><small>Daytime Phone #</small>                                           |  |