


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90084 045 \*\*\*158.75

<b>DOCUMENT # P94000085097</b> 1. Entity Name <b>CAMBRIDGE ANTIGUA, INC.</b>		
Principal Place of Business <b>2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789 US</b>		Mailing Address <b>2221 LEE ROAD SUITE #28 WINTER PARK, FL 32789 US</b>
2. Principal Place of Business <b>650 S. Northlake Blvd</b> Suite, Apt. #, etc. <b>Suite 450</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32701</b>		3. Mailing Address <b>650 S. Northlake Blvd</b> Suite, Apt. #, etc. <b>Suite 450</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32701</b>
4. FEI Number <b>59-3282510</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04042005 Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent <b>LECCSE, JACQUELINE C 2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>650 S. Northlake Blvd, Suite 450</b> City <b>Altamonte Springs</b> <b>FL</b> Zip Code <b>32701</b>
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 _____ <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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <b>LECCSE, JACQUELINE C</b> <input type="checkbox"/> Delete <b>2221 LEE ROAD SUITE #28</b> <b>WINTER PARK, FL 32789</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>650 S. Northlake Blvd, Suite 450</b> <b>Altamonte Springs, FL 32701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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> <u><i>Jacqueline Leccse</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-6-05 407-645-5575 <small>Date Daytime Phone #</small>