


## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
06 JAN 31 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |   |  |          |
|--|--|---|---|--|----------|
| DOCUMENT # P95000018822  |  |   |   |   |          |
| 1. Entity Name<br>CED ACQUISITIONS, INC.   |  |   |   |  |          |
| Principal Place of Business<br>1551 SANDSPUR RD<br>MAITLAND, FL 32751  |  |   | Mailing Address<br>P O BOX 4961<br>ORLANDO, FL 32801-4961 |  |          |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |          |
| Suite, Apt #, etc  |  | Suite, Apt #, etc   |   |  |          |
| City & State   |  | City & State  |   | 01252008 Chg-P CR2E034 (11/05)   |          |
| Zip  |  | Country   |   | 4. FEI Number<br>59-3307806  |          |
|  |  |   |   | Applied For<br>Not Applicable  |          |
|  |  |   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |          |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent               |  |          |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA<br>390 N. ORANGE AVE.<br>SUITE 1100<br>ORLANDO, FL 32801   |  |   | Name  |  |          |
|  |  |   | Street Address (P O Box Number is Not Acceptable)         |  |          |
|  |  |   | City  |  |          |
|  |  |   | FL  |  | 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 _____ DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>   |  |   |   |  |          |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |          |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     |  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PSTD<br>GINSBURG, ALAN H<br>1551 SANDSPUR RD<br>MAITLAND, FL 32751   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>900065568089</b><br><b>02/10/06--01021--014 **150.00</b> |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>SCIARRINO, MICHAEL J<br>1551 SANDSPUR RD<br>MAITLAND, FL 32751 | <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   | VP<br>BROCK, JAY P<br>1551 SANDSPUR RD<br>MAITLAND, FL 32751         | <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   | VP<br>STIMMELL, DAVID M<br>1551 SANDSPUR RD<br>MAITLAND, FL 32751    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP        | VP<br>CULP, W. Scott<br>1551 Sandspur Rd.<br>Maitland, FL 32751  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>PRICE, DEAN<br>1551 SANDSPUR RD<br>MAITLAND, FL 32751          | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP        | VP<br>Doody, TRICIA<br>1551 Sandspur Road<br>Maitland, FL 32751  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP        | VP<br>Missigman, Paul m.<br>1551 Sandspur Rd.<br>Maitland, FL 32751  |          |
| 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: <i>Dean Price</i>   |  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>DEAN PRICE, Vice President            |   | Date<br>407.741.8500<br>Daytime Phone #  |          |

T. Roberts JAN 31 2006