## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2006 08:00 AM Secretary of State

ANNUAL REPURT				, Secretary of State		
DOCU	MENT # P950000816				•	
t. Entity Name CCI OF MELBOURNE, INC.				1		
COLOFIN	MELBOOKINE, INC.					
Principal Plac	e of Business	Mailing Address	<u> </u>	1		
2000 EVANS ROAD 1371 PALM MELBOURNE SQUARE PROMENADE BOCA RATOR		1371 PALMETTO PARK RD BOCA RATON, FL 33486 1	PALMETTO PARK RD			
MELBOURNE, FL 32901 US				145850	1	1868: 1868: 1860 (1875) 1870 (1876) 1876
<u> </u>						
					M - 64 - 5	ADDERO ( // // ADD
	O NOT WRITE	CE	04262006	No Chg-P	CR2E034 (11/05)	
}	O MO! WINIE	CL	4. FE! Numb		Applied For	
				<u> </u>	of Status Desired	\$8.75 Additional
<b></b>			<del></del>	a. Carimoate	OI Status Desired	Fee Required
6. Name and Address of Current Registered Agent						
SIEGEL, NAT			}	DO	NOT WE	RITE
1371 PALMETTO PARK RD BOCA RATON, FL 33486			}			
				11V	THIS SPA	ACE
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 lamiliar with, and accept the obligations of registered agent.						
ind ornigonions or registered again.						
SIGNATURE Signature, typed or printed name of registered agent and liftle if applicable. (NOTE Registered Agent signature required when reinstanting) DATE						
AF A0						
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.				.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS	Ţ			
TITLE NAME	P COSENTINO, JAMES A		§ .			
STREET ADDRESS	4225 GENESSEE ST		l		U000005	42347 30117-022 150.00
CITY-ST-ZIP	BUFFALO, NY		1		05/10/06-8	30117-022 150.00
TITLE NAME			1			
STREET ADDRESS			ł			
CITY-ST-ZIP			]			
TITLE			1			
NAME STREET AUDRESS			1	D0	NOTIN	OCTE
CITY-ST-ZIP			DO NOT WRITE			
TITLE		1	IN '	THIS SP	ACE	
NAME Street Address			į.	***		·
CITY-ST-ZIP			<u>l</u>			
TITLE			1			
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the requires 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 charged, or on an attachyteni with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ALTONE THIS EXERCISE SANTES THE OF REMIND SECTION CONCERNS OF

4-26-06

561-362-5514