

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094765

FILED
Jan 23, 2007
Secretary of State

Entity Name: CPR HOLDING, INCORPORATED

Current Principal Place of Business:

2100 CONSULATE DRIVE
SUITE 103
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 953154
LAKE MARY, FL 327953154

New Mailing Address:

FEI Number: 59-3477041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, SUZETTE M
300 S HYDE PARK AVE, SUITE 270
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: GALANOS, PERRY
Address: 4629 CLOVERLAWN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: DP () Delete
Name: BULLARD, CHARLES
Address: 4295 ROCKY RIDGE PLACE
City-St-Zip: SANFORD, FL 32773

Title: DST () Delete
Name: STILES, RICHARD
Address: 3422 SILVER STONE CT
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: GALANOS, PERRY
Address: 3237 AMACA CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: DP (X) Change () Addition
Name: BULLARD, CHARLES
Address: 429 RACoon STREET
City-St-Zip: LAKE MARY, FL 32746

Title: DST (X) Change () Addition
Name: STILES, RICHARD
Address: 2814 BARRET AVENUE
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R BULLARD

DP

01/23/2007

Electronic Signature of Signing Officer or Director

Date