

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099550

FILED
Apr 11, 2005
Secretary of State

Entity Name: COMPLIANCE CONSULTING CORPORATION OF FLORIDA

Current Principal Place of Business:

521 LAKE AVENUE #4
LAKE WORTH, FL 33460 US

New Principal Place of Business:

1013 LUCERNE AVE
201
LAKE WORTH, FL 33460 US

Current Mailing Address:

521 LAKE AVE.,
#4
LAKE WORTH, FL 33460

New Mailing Address:

1013 LUCERNE AVE
201
LAKE WORTH, FL 33460

FEI Number: 65-0796037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELL, ILSE
521 LAKE AVE., SUITE 4
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

LOVELL, ILSE
1013 LUCERNE AVE #201
LAKE WORTH, FL 33460 US

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:

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LOVELL, ILSE
Address: 521 LAKE AVE., SUITE 4
City-St-Zip: LAKE WORTH, FL 33460 US

Title: P () Delete
Name: LOVELL, RONALD L
Address: 521 LAKE AVE., SUITE 4
City-St-Zip: LAKE WORTH, FL 33460

Title: VP () Delete
Name: MARTIN, JAN
Address: 521 LAKE AVE., SUITE 4
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: LOVELL, ILSE
Address: 1013 LUCERNE AVE #201
City-St-Zip: LAKE WORTH, FL 33460 US

Title: P (X) Change () Addition
Name: LOVELL, RONALD L
Address: 1013 LUCERNE AVE #201
City-St-Zip: LAKE WORTH, FL 33460

Title: VP (X) Change () Addition
Name: MARTIN, JAN
Address: 1013 LUCERNE AVE #201
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONALD L. LOVELL

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date