FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P97000099550

1. Entity Name
COMPLIANCE CONSULTING CORPORATION OF FLORIDA

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CR2E034B (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2545 S. OCEAN BLVD	BOX 64
Suite, Apt. #, etc. 212	Suite, Apt. #, etc.
City & State PALM BEACH, FL	City & State LAKE WORTH, FL
Zip 33480 Country US	Zip 33460 Country

4. FEI Number 650796037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name RONALD LOVELL

Street Address (P.O. Box Number is Not Acceptable) 2545 S. OCEAN BLVD #212

City PALM BEACH FL Zip Code 33480

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 [signature] 4-28-2011
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	RONALD LOVELL
STREET ADDRESS	2545 S. OCEAN BLVD #212
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	CHRISTOPHER LOVELL
STREET ADDRESS	91 WEST PALM AVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

DC - 5-4-11

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRES 4-28-2011 561-588-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (optional)