

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056600

FILED
Mar 25, 2009
Secretary of State

Entity Name: COMMUNITY AID COLLECTIONS, INC.

Current Principal Place of Business:

10810 US HWY 19 N.
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

PO BOX 17606
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3533522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK
2240 BELLAIR RD #160
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

O'CONNOR, PATRICK
1250 S BELCHER RD
160
LARGO, FL 33771 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:

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HECHT, KEVIN E
Address: PO BOX 17606
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: HECHT, HELLEN K
Address: PO BOX 17606
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HECHT, HELLEN K
Address: 2419 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN HECHT

MR

03/25/2009

Electronic Signature of Signing Officer or Director

Date