

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000056600

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** COMMUNITY AID COLLECTIONS, INC.

**Current Principal Place of Business:**

9115 US HWY 19 N  
PINELLAS PARK, FL 33784

**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  
1250 S BELCHER RD  
160  
LARGO, FL 33771 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

**OFFICERS AND DIRECTORS:**

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

**Title:** D  
**Name:** MILLER, PAMELA  
**Address:** 9115 US HWY 19  
**City-St-Zip:** PINELLAS PARK, FL 33784

I hereby 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 all other like empowered.

**SIGNATURE:** KEVIN E HECHT

MR.

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date