2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 26, 2007 08:00 AM DOCUMENT # P98000061926 **Secretary of State** 1. Entity Namo CC CORRAL, INC. Principal Place of Business Mailing Address 5230 COMMERCIAL WAY 5230 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & State 4. FEI Numbor City & State Applied For 59-3521151 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORRAL, CHERYL Street Address (P.O. Box Number is Not Acceptable) 8409 TRANQUIL DRIVE SPRING HILL FL 34606 Zip Codo 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 Synature, typed or printed name of registered agent and title copplicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 11111 1111 Change Addition Delete 1100000647498 CORRAL, CHERYL NAM NAMI 8409 TRANQUIL DRIVE 03/06/07-80075-014 158.75 STRUTT ADDRESS STREET ADDRESS SPRING HILL FL 34606 CHY SLZE CHY St ZiP Hitt 11115 ☐ Change Allin Allin ☐ Delete NAME MAM STREET ADDRESS SIDIFFI ADDRESS City St 749 CHY SI-ZIP MILE ☐ Delete 11111 ☐ Change **□** NAM NAME SIDILI ADDRESS SIPILI ADDRESS CHY SI AP CHÝ ST 7P Delete 11111 Change □ :: " NAM STREET ADDRESS STRUET ADDRESS CHY SI ZIP CITY SE 709 ☐ Defete iiiii ☐ Change **∏** . "" NAM STREET ADDRESS SHILL LADDRESS CHY SI ZIP UTTY ST ZIP 11111 ☐ Delete ILLE ☐ Change ☐ A.C. NAM NAME STREET ADDRESS STREET ADDRESS CITY-SI-70P CITY ST ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or direction 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 Block 1

with all other like empowered

if changed, or on an attachment with an

SIGNATURE