2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000095823

CCH JEFFERSON-MADISON, INC.

Principal Place of Business

4243-DNORTHLAKEBLVD.

C/OCREATIVECHOICEHOMES

PALMBEACHGARDENS,FL33410

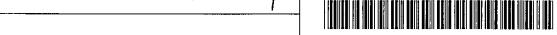


Mailing Address

C/OCREATIVECHOICEHOMES 4243-DNORTHLAKEBLVD. PALMBEACHGARDENS,FL33410 FILED

2006 MAR 23 AM 8: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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03142006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0873894 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROT, DILIP 4243 NORTHLAKE BLVD., STE.D. PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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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. +am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			egistered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Trust Fund Contrib	~ ~	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BAROT, DILIP 4243 NORTHLAKE BLVD.,STE.D PALM BEACH GARDENS, FL 33410			300069632573 04/06/0601041006 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEIR, JOHN F 4243 NORTHLAKE BLVD.,STE.D PALM BEACH GARDENS, FL 33410			0 17 01	0,00 01041 000 **100°12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAKKAR, YASH PAL 4243-D NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment-mytift and edgess, with all other like empowered?

3/16/06 (561) 627-7988

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF

Daytime Phone #