

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107878

Entity Name: CC & D INSURANCE, INC.

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

1223 SUNSET STRIP  
SUNRISE, FL 33313

## New Principal Place of Business:

1215 SUNSET STRIP  
SUNRISE, FL 33313

## Current Mailing Address:

1223 SUNSET STRIP  
SUNRISE, FL 33313

## New Mailing Address:

1215 SUNSET STRIP  
SUNRISE, FL 33313

FEI Number: 65-0885692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FARMER, DAN R  
1935 PEMBROKE ROAD  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

FOSTER, SHARON  
1215 SUNSET STRIP  
SUNRISE, FL 33313 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: SHARON N. FOSTER

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FOSTER, SHARON N  
Address: 1223 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

Title: S ( ) Delete  
Name: CAMPBELL-DRUMMOND, COLLEEN  
Address: 1223 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

Title: T ( ) Delete  
Name: FOSTER, VENA C  
Address: 1223 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FOSTER, SHARON N  
Address: 1215 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

Title: S (X) Change ( ) Addition  
Name: CAMPBELL-DRUMMOND, COLLEEN  
Address: 1215 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

Title: T (X) Change ( ) Addition  
Name: FOSTER, VENA C  
Address: 1215 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON N. FOSTER

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date