## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000035561

FILED Feb 08, 2005 Secretary of State

Entity Name: CERTIFIED ASSOCIATION MANAGEMENT COMPANY, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	'ALLEY DR. ,S OD, FL 32779				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	'ALLEY DR. ,S OD, FL 32779.				
FEI Number:	59-3572648	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
900 FOX V	N, THOMAS A 'ALLEY DR. ,S OD, FL 32779:				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MONAHAN, JAN 214 ROYAL OA LONGWOOD, F	K CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MONAHAN, THO 214 ROYAL OA LONGWOOD, F	K CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS A. MONAHAN D 02/08/2005