

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 FEB 20 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # P99000037495 1. Entity Name CED CAPITAL HOLDINGS XI, INC. | | | | | |
| Principal Place of Business 1515 SANDSPUR RD MAITLAND, FL 32751 | | | Mailing Address P.O. BOX 4961 ORLANDO, FL 32802 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc | | Suite, Apt #, etc | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3574902 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 N ORANGE AVE, SUITE 1100 ORLANDO, FL 32801 | | | | Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST GINSBURG, ALAN H 1551 SANDSPUR RD MAITLAND, FL 32751 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500067377585 03/08/06--01006--001 ***150.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SCIARRINO, MICHAEL J 1551 SANDSPUR RD MAITLAND, FL 32751 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BROCK, JAY P 1551 SANDSPUR RD MAITLAND, FL 32751 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V DOODY, TRICIA 1551 SANDSPUR RD MAITLAND, FL 32751 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP KLEIMAN, EDWARD J 1551 SANDSPUR ROAD MAITLAND, FL 32751 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO MISSIGMAN, PAUL 1551 SANDSPUR ROAD MAITLAND, FL 32751 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> TRICIA DOODY, VICE PRESIDENT | | | Date _____ Daytime Phone # 407.744.8502 | | |