2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S24996

1. Entity Name CEC CORPORATION



FILED Mar 29, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4817 NE 23 AVE

FT LAUDERDALE, FL 33308 US

4817 NE 23 AVE

FT LAUDERDALE, FL 33308

No Chg-P CR2E034 (11/05)

4. FEI Number 65-0237961

02252007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CHENEY, DIANA 4815 NE 23 AVENUE FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title r	f applicable (NOTE Registered	Agent signature	s required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CHENEY, DIANA 4815 NE 23 AVE FT LAUDERDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000681824 04/04/07-80061-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		1			

12. Thereby 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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/24/07 95

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