


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S37508</b> 1. Entity Name <b>C &amp; A FINANCIAL PROGRAMS, INC.</b>			
Principal Place of Business <b>789 S. FEDERAL HWY SUITE 304 STUART, FL 34994 US</b>		Mailing Address <b>P.O. BOX 2510 STUART, FL 34995 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01142007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0251317</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHRISTENSON, NEILS PETER 789 S. FEDERAL HWY SUITE 304 STUART, FL 34994</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000747237</b> <b>05/17/07-80018-005 158.75</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHRISTENSON, NEILS P 789 SOUTH FEDERAL HWY SUITE 304 STUART, FL 34994		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS CHRISTENSON, LINDA 789 S. FED. HWY STE 304 STUART, FL 34994		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Linda Christenson</u>		Date <u>4/24/07</u> Daytime Phone # <u>772-287-3100</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			