

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37508

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** C & A FINANCIAL PROGRAMS, INC.

**Current Principal Place of Business:**

641 UNIVERSITY BOULEVARD  
SUITE 209  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

641 UNIVERSITY BLVD.  
SUITE 209  
JUPITER, FL 33458 US

**New Mailing Address:**

**FEI Number:** 65-0251317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHRISTENSON, NEILS PETER  
641 UNIVERSITY BOULEVARD  
SUITE 209  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHRISTENSON, NEILS P  
Address: 641 UNIVERSITY BLVD., SUITE 209  
City-St-Zip: JUPITER, FL 33458

Title: TS  
Name: CHRISTENSON, LINDA  
Address: 641 UNIVERSITY BLVD., SUITE 209  
City-St-Zip: JUPITER, FL 33458

I hereby 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 all other like empowered.

SIGNATURE: NEILS P. CHRISTENSON

PRES

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date