



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000016522 1. Entity Name C 2 GROUP, INC.	
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Principal Place of Business 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025	Mailing Address 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 25 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1076997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORREA, DANIEL W
10028 S.W. 16TH STREET
PEMBROKE PINES, FL FL330-25

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

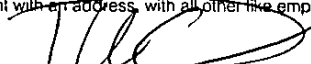
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORREA, DANIEL W 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CAMPBELL-CORREA, JEANNETTE 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025
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05/12/06--01008--006 **158.75

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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:  **4/24/06 954-436-2944**
SIGNATURE AND EXPRES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #