


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90001 038 \*\*\*150.00

**DOCUMENT # P05000165586**

1. Entity Name  
**C2I, INC.**



Principal Place of Business  
**1035 SPANISH RIVER ROAD**  
**#103**  
**BOCA RATON, FL 33432**

Mailing Address  
**1035 SPANISH RIVER ROAD**  
**#103**  
**BOCA RATON, FL 33432**

2. Principal Place of Business  
**11555 HERON BAY BLVD**  
 Suite, Apt. #, etc.  
**SUITE 200, ROOM 5**

3. Mailing Address  
**P.O. BOX 1405**  
 Suite, Apt. #, etc.


City & State  
**CORAL SPRINGS FL**

City & State  
**DEERFIELD BEACH, FL**

Zip  
**33070** Country  
**USA**

Zip  
**33443** Country  
**USA**

08142006 Chg-P CR2E034 (11/05)



4. FEI Number  
**22-3919153**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name  
**CINDY MORRIS BAKER**

Street Address (P.O. Box Number is Not Acceptable)  
**11555 HERON BAY BLVD**

**SUITE 200, ROOM 5**

City  
**CORAL SPRINGS FL** Zip Code  
**33070**

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  **CINDY MORRIS BAKER, PRESIDENT** **12 AUG 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BAKER, CINDY MORRIS 1035 SPANISH RIVER ROAD BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAKER, PAUL T.D. 1035 SPANISH RIVER ROAD BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BAKER, CINDY MORRIS 2019 NE 4th COURT #10 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAKER, PAUL T.D. 2019 NE 4th COURT #10 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **CINDY MORRIS BAKER** **12 AUG 2006** **443-223-6145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #