

COMMUNITY CENTRAL BANK CORP
 Form 3/A
 April 19, 2006

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Shreve Charles U</p> <p>(Last) (First) (Middle)</p> <p>C/O COMMUNITY CENTRAL BANK CORP., P.O. BOX 7</p> <p>(Street)</p> <p>MOUNT CLEMENS, MI 48046-0007</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>04/18/2006</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>COMMUNITY CENTRAL BANK CORP [ccbd]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>Vice President of Bank</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>04/19/2006</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities owned	0	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	07/09/2011	Common Stock	5,513	\$ 5.46	D	Â
Incentive Plan (right to buy)	05/14/2002	05/13/2012	Common Stock	5,513	\$ 7.71	D	Â
Incentive Plan (right to buy)	Â (2)	11/19/2013	Common Stock	2,756	\$ 10.83	D	Â
Incentive Plan (right to buy)	Â (2)	11/15/2014	Common Stock	5,250	\$ 12.3	D	Â
Incentive Plan (right to buy)	12/02/2005	12/01/2015	Common Stock	4,000	\$ 13.21	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Shreve Charles U C/O COMMUNITY CENTRAL BANK CORP. P.O. BOX 7 MOUNT CLEMENS,Â MIÂ 48046-0007	Â	Â	Â	Vice President of Bank

Signatures

S/ Charles U. 04/19/2006
Shreve

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The option is exercisable on its grant date for 25% of the shares covered by the option and for an additional 25% of the shares on each anniversary of the grant date thereafter.
- (2) The option is exercisable on its grant date for 50% of the shares covered by the option and for the remaining 50% of the shares on the first anniversary of the grant date thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.