
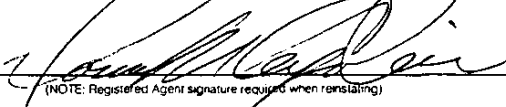
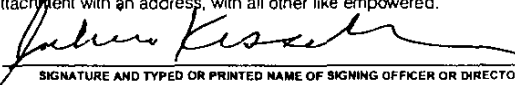


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 767440 1. Entity Name CVE MASTER MANAGEMENT COMPANY, INC.			FILED 07 JUL -5 PM 2:02 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085 US		Mailing Address 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAPLAN, DONALD K 3501 WEST DRIVE DEERFIELD BEACH, FL 33442		Name Donna Capobianco Street Address (P.O. Box Number is Not Acceptable) 3501 West Drive City Deerfield Beach FL Zip Code 33442	
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 Donna Capobianco		 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T <input type="checkbox"/> Delete NAME KESSELMAN, JULES STREET ADDRESS 2106 OAKRIDGE V CITY-ST-ZIP DEERFIELD BCH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300106261633 07/17/07--01026--003 **61.25		
TITLE S <input type="checkbox"/> Delete NAME CAPLAN, DOROTHY STREET ADDRESS 3055 HARWOOD E CITY-ST-ZIP DEERFIELD BCH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P <input type="checkbox"/> Delete NAME CAPOBIANCO, DONNA STREET ADDRESS 4109 OAKRIDGE V CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V <input checked="" type="checkbox"/> Delete NAME EIG, STANLEY STREET ADDRESS 1037 LYNTHURST J CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Parness 3049 Venter D Deerfield Beach, FL 33442		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete 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 617, 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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