

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N01000001848

Entity Name: CMB VISIONS UNLIMITED, INC.

Current Principal Place of Business:

10395 S.W 186TH STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10395 SW 186TH STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-1090966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BURGESS, CHANDRA M
10395 SW 186TH STREET
MIAMI, FL 33157 US

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: CED () Delete
Name: BURGESS, CHANDRA M
Address: 10854 SW 141ST LANE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: HUDSON, BEN
Address: 10595 SW 186TH STREET
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: LAYNE, EDDIE M
Address: 314 E. GADSEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: PETERSON, GUENDALINE
Address: 202 FAIRFAX DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: P () Delete
Name: MOODY, CHRISTOPHER
Address: 10395 S.W. 186TH STREET
City-St-Zip: MIAMI, FL 33157

Title: CFO () Delete
Name: WRIGHT, GEORGE
Address: 10395 S.W. 186TH STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANDRA MCCLAIN BURGESS

CEO

05/04/2007

Electronic Signature of Signing Officer or Director

_____ Date