
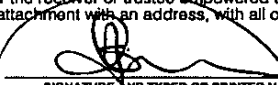


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 044 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P03000078406 1. Entity Name CMS INVESTMENTS, INC. | |  | |
| Principal Place of Business 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232 | | Mailing Address 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232 | |
| 2. Principal Place of Business 5401 S. Kirkman Rd, 310 Suite, Apt. #, etc. | | 3. Mailing Address 5401 S. Kirkman Rd, 310 Suite, Apt. #, etc. | |
| City & State Orlando, FL Zip Country 32819 | | City & State Orlando, FL Zip Country 32819 | |
| 4. FEI Number 57-1184982 | | 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 JOHNSON, STEVE 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232 | | 7. Name and Address of New Registered Agent Name Steve Johnson Street Address (P.O. Box Number is Not Acceptable) 3227 Kentshire Blvd City Ocoee FL Zip Code 34761 | |
| 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, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JOHNSON, STEVE 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Steve Johnson 3227 Kentshire Blvd Ocoee, FL 34761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV STEELE, MARTYN 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | Steve Johnson 4/27/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |