

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000123325

Entity Name: CM DESIGNS INC.

FILED
Nov 05, 2007
Secretary of State

Current Principal Place of Business:

1127 INDIGO RD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1127 INDIGO RD.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 52-2415139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: MOORE, COBY K
Address: 1127 INDIGO RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: MOORE, MICHELLE J
Address: 1127 INDIGO RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DR () Change (X) Addition
Name: THRUMAN, JAMIE L
Address: 473 PALM AVE.
City-St-Zip: ORMOND BEACH, FL 32174 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MOORE

VP

11/05/2007

Electronic Signature of Signing Officer or Director

Date