2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# P03000123325

Entity Name: CM DESIGNS INC.

Current Principal Place of Business:

1127 INDIGO RD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

1050 ROBERTS STREET
ORMOND BEACH, FL 32174

Current Mailing Address:

1127 INDIGO RD.
ORMOND BEACH, FL 32174

New Mailing Address:

1050 ROBERTS STREET
ORMOND BEACH, FL 32174

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

Election Campaign Financing Trust Fund Contribution ( ).

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOORE, COBY K
Address: 1050 ROBERTS STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD (X) Change ( ) Addition
Name: MOORE, MICHELLE J
Address: 1050 ROBERTS STREET
City-St-Zip: ORMOND BEACH, FL 32174

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

SIGNATURE: COBY MOORE PD 04/14/2008

Electronic Signature of Signing Officer or Director Date