2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725578

FILED Mar 23, 2010 Secretary of State

Entity Name: CQ MANAGEMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

101 NORTH RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

101 NORTH RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168

FEI Number: 59-1507551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARLOWE, MIRIAM 101 N RIVERSIDE DR OFFICE

NEW SMYRNA BEACH, FL 32168 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: DO

Name: MCDONALD, MALISSA
Address: 101 N RIVERSIDE DR #811
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: AT

 Name:
 GAUTHIER, THOMAS

 Address:
 101 N RIVERSIDE DR #806

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32168

Title: VP

Name: MCCONNELL, THOMAS
Address: 101 N RIVERSIDE DR #605
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PRES

 Name:
 ROBERT CAMPBELL

 Address:
 101 N RIVERSIDE DR #708

 City-St-Zip:
 NEW SMYRNA BCH, FL 32168

Title: TREA

 Name:
 COOPER, THOMAS W

 Address:
 101 N. RIVERSIDE DR #405

 City-St-Zip:
 NEW SMYRNA BCH, FL 32168

Title: SEC

 Name:
 KENNARD, EILEEN

 Address:
 101 N. RIVERSIDE DR #712

 City-St-Zip:
 NEW SMYRNA BCH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CAMPBELL PRES 03/23/2010