2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

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Entity Name: CMS PALMA SOLA CORP.

Current Principal Place of Business:

C/O CMS AFFILIATED PARTNERSHIPS
308 E. LANCASTER AVENUE, SUITE 300
WYNNEWOOD, PA 19096

New Principal Place of Business:

Current Mailing Address:

C/O DONNA RITTERSHAUSEN, CMS COMPANIES
308 E. LANCASTER AVENUE, SUITE 300
WYNNEWOOD, PA 19096 US

New Mailing Address:

FEI Number: 20-1628954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	SILBERBERG, PAUL	
Address:	308 E. LANCASTER AVENUE, SUITE 300	
City-St-Zip:	WYNNEWOOD, PA 19096	
Title:	VD	( ) Delete
Name:	LANDMAN, WILLIAM A	
Address:	308 E. LANCASTER AVENUE, SUITE 300	
City-St-Zip:	WYNNEWOOD, PA 19096	
Title:	VS	( ) Delete
Name:	MITCHELL, RICHARD A	
Address:	308 E. LANCASTER AVENUE, SUITE 300	
City-St-Zip:	WYNNEWOOD, PA 19096	
Title:	VAS	( ) Delete
Name:	WOLOSZYN, LISA J	
Address:	308 E. LANCASTER AVENUE, SUITE 300	
City-St-Zip:	WYNNEWOOD, PA 19096	
Title:	VAS	( ) Delete
Name:	WELCH, INGRID R	
Address:	308 E. LANCASTER AVENUE, SUITE 300	
City-St-Zip:	WYNNEWOOD, PA 19096	

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:	

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: RICHARD A MITCHELL V 01/07/2008

Electronic Signature of Signing Officer or Director — Date