


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # F02000005161	
1. Entity Name C.M.G. AGENCY, INC.	

Principal Place of Business 10843 OLD MILL ROAD OMAHA, NE 68154-2600	Mailing Address 10843 OLD MILL ROAD OMAHA, NE 68154-2600
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 47-0715948	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEVERIDGE, JOSEPH T 10843 OLD MILL ROAD OMAHA, NE 681542600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD INTRIERI, MICHAEL A 10843 OLD MILL ROAD OMAHA, NE 681542600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCFAYDEN, ROBERT A 10843 OLD MILL ROAD OMAHA, NE 681542600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, PAUL A 10843 OLD MILL ROAD OMAHA, NE 681542600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80052-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph T. Beveridge Joseph T. Beveridge 4/28/06 402-551-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #