

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000626

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: CAD MANAGEMENT RESOURCES, INC.

## Current Principal Place of Business:

60 PINELAND DR AUBURN HALL STE 101  
NEW GLOUCESTER, MI 04260

## New Principal Place of Business:

60 PINELAND DR  
STE 101B  
NEW GLOUCESTER, ME 04260

## Current Mailing Address:

60 PINELAND DR AUBURN HALL STE 101  
NEW GLOUCESTER, MI 04260

## New Mailing Address:

60 PINELAND DR  
STE 101B  
NEW GLOUCESTER, ME 04260

FEI Number: 20-1684778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: DP ( ) Delete  
Name: CHAPMAN, CLINTON  
Address: 60 PINELAND DR AUBURN HALL STE 101  
City-St-Zip: NEW GLOUCESTER, MI 04260

Title: V ( ) Delete  
Name: SPOERRI, GLEN  
Address: 60 PINELAND DR AUBURN HALL STE 101  
City-St-Zip: NEW GLOUCESTER, MI 04260

Title: S ( ) Delete  
Name: COPE, STEVEN  
Address: P.O.BOX 1398  
City-St-Zip: PORTLAND, MI 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CHAPMAN, CLINTON  
Address: 60 PINELAND DR, STE 101B  
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: V (X) Change ( ) Addition  
Name: SPOERRI, GLEN  
Address: 60 PINELAND DR, STE 101B  
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: S (X) Change ( ) Addition  
Name: COPE, STEVEN  
Address: P.O.BOX 1398  
City-St-Zip: PORTLAND, ME 34104

I hereby certify that the information supplied with this filing does not qualify for the 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: CLINTON CHAPMAN

DP

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date