2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2008 08:00 AM Secretary of State

	DOCUN	JENT	# F06	3000	ე01	1668
--	-------	-------------	-------	------	-----	------

1. Entity Name
CDA INCORPORATED OF TENNESSEE



Principal Place of Business

203 BEALE STREET SUITE 305 MEMPHIS, TN 38103 Mailing Address

203 BEALE STREET SUITE 305 MEMPHIS, TN 38103



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

	. \$8.7	5 Additional
NOT APPLICABLE		Not Applicable
4. FEI Number	l.	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DATES, DARRYL 37075 AVIATION LANE HILLIARD, FL 32046

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	surpose of changing its registered	d office or re	agistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	I applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DATES, CLIFTON 203 BEALE STREET, SUITE 305 MEMPHIS, TN 38103			,	U00000708849 01/22/08-80002-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DATES, DARRYL 203 BEALE STREET, SUITE 305 MEMPHIS, TN 38103				01/22/98-80002-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-21P				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,

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 607, 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.

SI	G	N	A٦	CI I	IR	F
_			_			_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 (800)822-263

Daytime Phone #