



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90099 024 ***150.00

DOCUMENT # F53513 1. Entity Name COMPREHENSIVE MANAGEMENT, INC.					
Principal Place of Business 10575 68TH AVE N SUITE B-3 SEMINOLE, FL 33772 US			Mailing Address 10575 68TH AVE N SUITE B-3 SEMINOLE, FL 33772 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">40109077</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04262007 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 4. FEI Number 59-2134650 Applied For Not Applicable </div> <div style="font-size: 0.8em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent GRAHAM, DONALD V. #1 KEY CAPRI DR., 113W TREASURE ISLAND, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL 00000 33706 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PATRICIA T. GRAHAM 1 KEY CAPRI DR 113W TREASURE ISLAND FL 33706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, PAUL 4941 LCOCEWOOD DR COMMERCE TOWNSHIP, MI 48382 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Donald V. Graham</i> Donald V. GRAHAM			4/27/07 727-393-4370 <small>Date Daytime Phone #</small>		