


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90013 045 \*\*\*550.00

<b>DOCUMENT # F99000003571</b>	
1. Entity Name CBM ENVIRONMENTAL SERVICES, INC.	

Principal Place of Business 377 CAROWINDS BLVD., SUITE 118 FORT MILL, SC 29715	Mailing Address PO BOX 411387 CHARLOTTE, NC 28241
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2. Principal Place of Business 3440 Lakemont Blvd.	3. Mailing Address 3440 Lakemont Blvd.
Suite-Apt. #, etc.	Suite-Apt. #, etc.

City & State Fort Mill, SC	City & State Fort Mill, SC
Zip 29708	Country USA
Zip 29708	Country USA

6. Name and Address of Current Registered Agent  HOLTON, JAMES 5680-K WEST CYPRESS ST. 601 BAYSHORE, SUITE 700 TAMPA, FL 33607	7. Name and Address of New Registered Agent Name James Holton Street Address (P.O. Box Number is Not Acceptable) 5680 W. Cypress St., Ste. K 9000 Cypress Green Dr. Ste. 101 City Tampa, Jacksonville FL Zip Code 33607, 32256
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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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROSS, CATHERINE 377 CAROWINDS BLVD., SUITE 118 FORT MILL, SC 29715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Ross, Catherine 3440 Lakemont Blvd. Fort Mill, SC 29708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CZOER, KENNETH E 377 CAROWINDS BLVD., SUITE 118 FORT MILL, SC 29715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P czoe, Kenneth 3440 Lakemont Blvd. Fort Mill, SC 29708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHERYL, WILBER 377 CAROWINDS BLVD., SUITE 118 FORT MILL, SC 29715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kurt Merins 3440 Lakemont Blvd. Fort Mill, SC 29708 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ross, Catherine 3440 Lakemont Blvd. Fort Mill, SC 29708 <input type="checkbox"/> Change <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: 	Catherine Ross - CEO	8-10-04	803 548 5989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #