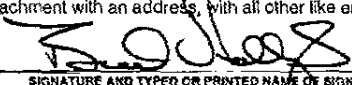


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # H34272 1. Entity Name CORPORATE MANAGEMENT ADVISORS, INC.		
Principal Place of Business 785 DOUGLAS AVE SUITE #131 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 785 DOUGLAS AVE SUITE #131 ALTAMONTE SPRINGS, FL 32714 US	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BRAD HOLLINGSWORTH 785 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLINGSWORTH, BRAD 1356 CLASSIC CT N LONGWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINGSWORTH, THOMAS 6962 LAKE OLA DRIVE MT. DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/15/04 (407) 869-1817 Daytime Phone #



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2472836

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000009587
01/21/04-80018-018 150.00

**DO NOT WRITE
IN THIS SPACE**