

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05650

FILED  
Feb 23, 2006  
Secretary of State

Entity Name: CMB MARKETING CONSULTANTS, INC.

## Current Principal Place of Business:

20 LAKE WIRE DR.  
100  
LAKELAND, FL 33815 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 24268  
LAKELAND, FL 338024268 US

## New Mailing Address:

FEI Number: 59-2663433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIOZZA, FRANK E.  
4615 APPLE RIDGE LANE  
TAMPA, FL 33624 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: D ( ) Delete  
Name: CAMERON, HAROLD R.,  
Address: 1217 TIMBERIDGE LOOP S.  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: MANLEY, VIVIAN H.,  
Address: 3908 SABAL PALM COURT  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: TOMPKINS, JOHN A.,  
Address: 2004 ROXSBURGH  
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete  
Name: PALMER, RICHARD J  
Address: 1207 HAMMOCK SHADE DR  
City-St-Zip: LAKELAND, FL 33809

Title: PD ( ) Delete  
Name: CHIOZZA, FRANK E  
Address: 4615 APPLE RIDGE LANE  
City-St-Zip: TAMPA, FL 33624

Title: ST ( ) Delete  
Name: CLEMENTS, DEBORAH K  
Address: 6245 OAKVIEW LANE  
City-St-Zip: LAKELAND, FL 33811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBORAH K. CLEMENTS

S/T

02/23/2006

Electronic Signature of Signing Officer or Director

Date