

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05650

FILED
Apr 11, 2008
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.
4442 MARCHMENT BLVD
LAND O'LAKES, FL 34638 US

Name and Address of New Registered Agent:

CHIOZZA, FRANK E PRES
4442 MARCHMENT BLVD
LAND O'LAKES, FL 34638 US

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: FRANK E. CHIOZZA

04/11/2008

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: VD () Delete
Name: TOMPKINS, JOHN A.,
Address: 1693 MAHAFFEY CIRCLE
City-St-Zip: LAKELAND, FL 33811

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

Title: PD () Delete
Name: CHIOZZA, FRANK E
Address: 4442 MARCHMONT BLVD
City-St-Zip: LAND O'LAKES, FL 34638

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 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

ST

04/11/2008

Electronic Signature of Signing Officer or Director

Date