

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90015 024 ***158.75



DOCUMENT # K27510
 1. Entity Name
CBM OF AMERICA, INC.

Principal Place of Business Mailing Address
 1455 W NEWPORT CTR DR 1455 W NEWPORT CTR DR
 DEERFIELD BCH, FL 33442 US DEERFIELD BEACH, FL 33442 US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 65-0057313 Not Applicable

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

6. Name and Address of Current Registered Agent
 DEZENZO, LARRY
 1455 W. NEWPORT CENTER DR
 DEERFIELD BEACH, FL 33442

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEZENZO, LAWRENCE			NAME	Ed Fitzpatrick		
STREET ADDRESS	1455 W NEWPORT CENTER DR			STREET ADDRESS	180 Campus Plaza / Raritan Business Center		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	Edison, New Jersey 08837		
TITLE	VPS	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SIMONSON, BRUCE			NAME	Bob Braun		
STREET ADDRESS	1455 W NEWPORT CTR DR			STREET ADDRESS	180 Campus Plaza / Raritan Business Center		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	Edison, New Jersey 08837		
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEPHENS, MICHAEL			NAME	Lorraine Spence		
STREET ADDRESS	1455 W NEWPORT CENTER DR			STREET ADDRESS	1 Beaver Court		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	Cockeysville, Maryland 21030		
TITLE	VPCF	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SULTAN, EDDIE E			NAME	Brendan Hegeman		
STREET ADDRESS	1455 W NEWPORT CTR DR			STREET ADDRESS	1455 West Newport Center Drive		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRECO, JOE			NAME			
STREET ADDRESS	1455 W NEWPORT CENTER DR			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCCO, ROBERT			NAME			
STREET ADDRESS	1455 W NEWPORT CENTER DR			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP			

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: Ed Fitzpatrick VP & CFO 1-18-06 954-246-1787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #