

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L20481

FILED
May 01, 2007
Secretary of State

Entity Name: COMPUTER MANAGEMENT CONSULTANTS LIMITED, INC.

Current Principal Place of Business:

4350 W. CYPRESS STREET
SUITE 900
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4350 W. CYPRESS STREET
SUITE 900
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2973570 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FISCHMAN, BRUCE D ESQ
3050 BISCAYNE BOULEVARD
SUITE 600
MIAMI, FL 33137 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

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: BIRES, KEN
Address: 4350 W. CYPRESS STREET, SUITE 900
City-St-Zip: TAMPA, FL 33607 US

Title: CD () Delete
Name: SCHAEER, ALFRED E
Address: 4350 W. CYPRESS STREET, SUITE 900
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: MEDINA, GERMAN
Address: 4350 W. CYPRESS STREET, SUITE 900
City-St-Zip: TAMPA, FL 33607 US

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: GERMAN MEDINA

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date