

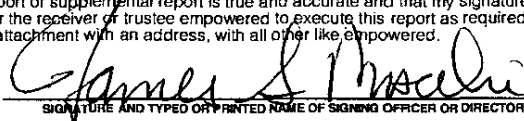


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90021 020 ***150.00

DOCUMENT # L98028 1. Entity Name C.P. MANAGEMENT & CONSULTING GROUP, INC.					
Principal Place of Business 7 WOODEN SHOE LANE LONGWOOD, FL 32750			Mailing Address 7 WOODEN SHOE LANE LONGWOOD, FL 32750		
2. Principal Place of Business 840 Lake Ave. Suite, Apt. #, etc.		3. Mailing Address 517 S Foxridge Dr. Suite, Apt. #, etc.			
City & State Altamonte Springs, FL Zip 32701		City & State Raymore, MO Zip 64083		4. FEI Number 59-3026023	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACCHI, PAMELA Z 7 WOODEN SHOE LANE LONGWOOD, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Macchi, Pamela Z 517 S Foxridge Dr. Raymore, MO 64083 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACCHI, JAMES S 7 WOODEN SHOE LANE LONGWOOD, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Macchi, James S 517 S Foxridge Dr. Raymore, MO 64083 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  3/24/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					