2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095371

Entity Name: COST MANAGEMENT PARTNERS, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
4211 WEST STE 750 TAMPA, FL	BAY SCOUT I	BLVD.				
Current Mailing Address:			New Mailing Address:			
4211 WEST STE 750 TAMPA, FL	BAY SCOUT I	BLVD.				
FEI Number: 5	58-2154496	FEI Number Applied For () FEI Num	nber Not Appli	licable () Certificate of Status Desired (X)		
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:		
417 E. VIRG SUITE 1	ONNECTION, I BINIA STREET SEE, FL 32301					
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.						
SIGNATUR	E:					
	Electronic	Signature of Registered Agent		Date		
Election Cam	paign Financing	Frust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITIONS	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Address: City-St-Zip: Title:	STUBBLEFIELD, 1717 NORTH PENSACOLA, FL		Title: Name: Address: City-St-Zip: Title: Name:	P (X) Change () Addition LAWRENCE, LEE 4211 W BOY SCOUT BLVD TAMPA, FL 33607 TS (X) Change () Addition HILLENMEYER, JOHN		
Address: City-St-Zip:	3800 SOUTH COI BOYNTON BEAC	NGRESS AVE, STE 6 H, FL 33426	Address: City-St-Zip:	1414 KUHL AVENUE ORLANDO, FL 32806		
Title: Name: Address: City-St-Zip:	D () D BEATY, RYAN 502 HIGHLAND B INVERNESS, FL		Title: Name: Address: City-St-Zip:	C (X) Change () Addition STEIN, NORMAN 3100 E FLETCHER AVENUE TAMPA, FL 33613		
Title: Name: Address: City-St-Zip:	D () D JOHNSON, STEP 615 N. BONITA A' PANAMA CITY, F	HEN M VE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () C STRACK, GARY 800 MEADOWS F BOCA RATON, FI		Title: Name: Address: City-St-Zip:	D (X) Change () Addition FEDELE, JERRY 800 MEADOWS ROAD BOCA RATON, FL 334860000		
Title: Name: Address: City-St-Zip:	D () C FEASEL, JEFF PO BOX 9718 DAYTONA BEACH	elete H, FL 32120	Title: Name: Address: City-St-Zip:	()Change()Addition		

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:	DONALD J BETHKE	D	01/27/2009
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