

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-27-2007 90008.015 \*\*\*\*61.25  
FILE N21373

2007 MAR -8 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

60019436



<b>DOCUMENT # N21373</b>		
1. Entity Name CBMC INTERNATIONAL, INC.		

Principal Place of Business 1065 NORTH 115TH STREET, #210 OMAHA, NE 68154	Mailing Address 1065 NORTH 115TH STREET, #210 OMAHA, NE 68154
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02152007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
STINZIANO, JOHN L 5551 RIDGEWOOD DRIVE STE. 555 NAPLES, FL 34108	

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	MILLER, CHARLES
STREET ADDRESS	1008 E. JACKSON BLVD.
CITY-ST-ZIP	ELKHART, IN 46516
TITLE	D <input type="checkbox"/> Delete
NAME	GARRISON, STEPHEN
STREET ADDRESS	13421 MT. HOOD DRIVE
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	S <input type="checkbox"/> Delete
NAME	HWANG, SAM
STREET ADDRESS	1325 SPRUCE STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	D <input type="checkbox"/> Delete
NAME	MITCHELL, DON
STREET ADDRESS	2756 LONG WINTER LANE
CITY-ST-ZIP	OAKLAND TOWNSHIP, MI 48636
TITLE	C <input type="checkbox"/> Delete
NAME	JOHNSON, JIM
STREET ADDRESS	29 PURDGSBURN HILL
CITY-ST-ZIP	BELFAST BT88JY N. IRELAND,
TITLE	P <input type="checkbox"/> Delete
NAME	MILLIGAN, ROBERT
STREET ADDRESS	1065 N. 115TH ST., STE 210
CITY-ST-ZIP	OMAHA, NE 68154

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13797 Silvercreek Place
CITY-ST-ZIP	Oro Valley, AZ 85737
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	950 Township Line Rd. Ste 400
CITY-ST-ZIP	Blue Bell, PA 19422
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnston, Jim
STREET ADDRESS	29 Purdysburn Hill
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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: Nicole Browner Nicole Browner 2/15/07 402-431-0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #