2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTED NA

May 24, 2005 8:00 am Secretary of State DOCUMENT # N93000005580 1. Entity Name 05-24-2005 90121 030 ****75 00 C.M.T.A., INC. (CHRIST MANIFESTS THE ALL) Principal Place of Business Mailing Address 4372 PINNACLE ST 4372 PINNACLE ST. CHARLOTTE HARBOR FL 33980-2955 CHARLOTTE HARBOR FL 33980-2955 2. Principal Place of Business 3. Mailing Address 3182 Desoto 3182 Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0480228 UNFa Not Applicable Country Ziο \$8.75 Additional 5. Certificate of Status Desired 3395 3395 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 15 the Some FRANKLIN FRANKLIN, COURTNEY Street Address (P.O. Box Number is Not Acceptable) ' 4372 PINNACLE ST. 'CHARLOTTE HARBOR FL 33980-2955 Zip Code 3395 unta GoRda for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed na OTE Registered Agent signature required registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete Change Addition ADDRESS TITLE TITLE FRANKLIN, COURTNEY NAME NAME 3182 Desoto DR. 4372 PINNACLE ST. STREET ADDRESS STREET ADDRESS CHARLOTTE HARBOR FL 33980 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition BYROM, JAMES D NAME 21155 GEPHART AVE STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-ZIP D ----Delete ☐ Addition -TITLE ☐ Change TABOR, CHRISTOPHER NAME NAME 4372 PINNACLE ST. STREET ADDRESS STREET ADDRESS CHARLOTTE HARBOR FL 33980-2955 CITY-ST-ZIP CITY-ST-7IP Delete TITLE THE ☐ Change ☐ Addition BAKER, BRADLEY NAME NAME 2124 HANSON ST. STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition POND, CHRISTINE P 606 CARMALITA STREET STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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: nurm

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