

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000037178			
1. Entity Name CASH-FLOW MANAGEMENT SERVICES INC			
Principal Place of Business 1679 GARDEN AVENUE MELBOURNE, FL 32934	Mailing Address 1679 GARDEN AVENUE MELBOURNE, FL 32934		
DO NOT WRITE IN THIS SPACE			
		04042006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3639963	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
THOMPSON, MITZI B 1679 GARDEN AVENUE MELBOURNE, FL 32934			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE 1100000512997 04/29/06-80107-024 150.00	
TITLE	PD		
NAME	THOMPSON, MITZI B		
STREET ADDRESS	1679 GARDEN AVENUE		
CITY-ST-ZIP	MELBOURNE, FL 32934		
TITLE			
NAME			
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CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
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 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: 		mitzi B. Thompson 4-13-06 321-259-4445	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	