

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90064 043 \*\*\*150.00

<b>DOCUMENT # P01000057980</b>					
<b>1. Entity Name</b> COMMUNITY ACCOUNTING & MANAGEMENT SERVICES PLUS, INC.					
<b>Principal Place of Business</b> 2000 N FLORIDA MANGO RD SUITE 102 WEST PALM BEACH, FL 33409			<b>Mailing Address</b> 2000 N FLORIDA MANGO RD SUITE 102 WEST PALM BEACH, FL 33409		
<b>2. Principal Place of Business</b> 4524 Gun Club Rd Suite, Apt. #, etc. Suite 105		<b>3. Mailing Address</b> 4524 Gun Club Rd Suite, Apt. #, etc. Suite 105			
<b>City &amp; State</b> West Palm Bch, FL		<b>City &amp; State</b> West Palm Bch, FL		<b>4. FEI Number</b> 65-1121646	
<b>Zip</b> 33415		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FORMAN, KIM 2000 N FLORIDA MANGO RD SUITE 102 WEST PALM BEACH, FL 33409			<b>7. Name and Address of New Registered Agent</b> Name: Foose, Kim Street Address (P.O. Box Number is Not Acceptable): 4524 Gun Club Rd. Suite 105 City: West Palm Bch FL Zip Code: 33415		
<b>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.</b> SIGNATURE:  Kim Foose, president 2/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> VD <b>NAME</b> PADRON, OMAH <b>STREET ADDRESS</b> 1416 TAHOE COURT <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33461	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> FORMAN, KIM C <b>STREET ADDRESS</b> 1416 TAHOE COURT <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33461	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Foose, Kim C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> Kim Foose president 2/16/05 561-682-9393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					