2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2006 8:00 am Secretary of State 05-05-2006 90159 047 ***150.00 DOCUMENT # P02000041964 1. Entity Name CMK MANAGEMENT, INC. 40085404 Principal Place of Business Mailing Address 2970 DOLPHIN DRIVE POST OFFICE BOX 500779 MARATHON, FL 33050 MARATHON, FL 33050 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 35-2167845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DENNIS M. BISHOP, CPA DO NOT WRITE 1840 SW 22ND ST. 8085 OVERSEAS HOW 4TH FLOOR IN THIS SPACE MIAMI, FL 38145 MARATHON, FL 33050 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. DENNIS M. BISHUP 4127106 Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE KLIMAS, CHRISTOPHER M NAME 2970 DOLPHIN DRIVE STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED