
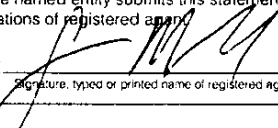
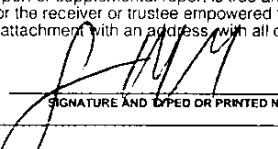


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90150 016 \*\*\*150.00

<b>DOCUMENT # P02000091275</b>					
1. Entity Name <b>CMM &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>4145 Reflections Parkway</b> <b>SARASOTA, FL 34233 US</b>			Mailing Address <b>4145 Reflections Parkway</b> <b>Sarasota, FL 34233</b>		
2. Principal Place of Business			3. Mailing Address <b>4145 Reflections Parkway</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Sarasota, FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>27-0026996</b>	
		<b>34233</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DOERR, KENNETH</b> <b>240 S PINEAPPLE AVENUE 10TH FL</b> <b>SARASOTA, FL 34236</b>				Name <b>Casey M. McCormick</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>4145 Reflections Parkway</b>	
				City <b>Sarasota</b>	
				State <b>FL</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.					
SIGNATURE:  <b>President</b> <span style="float: right;"><b>3/7/06</b></span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<b>DPST</b>	<b>MCCORMICK, CASEY M</b>	<b>4145 Reflections Parkway</b>		
		<b>SARASOTA, FL 34233</b>			
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:  <b>Casey M. McCormick, Director</b> <span style="float: right;"><b>(941) 342-6345</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					