

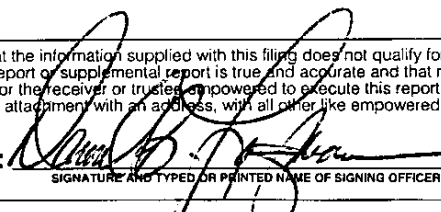


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90082 044 ***150.00

DOCUMENT # P02000133382 1. Entity Name CLMI, INC.					
Principal Place of Business 1225 SE CORAL REEF PORT ST LUCIE, FL 34983				Mailing Address 1225 SE CORAL REEF PORT ST LUCIE, FL 34983	
2. Principal Place of Business 1265 SE Saint Lucie Suite, Apt. #, etc.		3. Mailing Address 1265 SE Saint Lucie Suite, Apt. #, etc.			
City & State Stuart, Florida Zip 34996 Country USA		City & State Stuart, Florida Zip 34996 Country USA		4. FEI Number 35-2191674 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08032005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LONGMAN, DANIEL B 5479 NORMANDY AVE SE STUART, FL 34797			7. Name and Address of New Registered Agent Name Daniel B. Longman Street Address (P.O. Box Number is Not Acceptable) 1265 SE Saint Lucie City Stuart FL Zip Code 34996		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LONGMAN, DANIEL B. 5479 NORMANDY AVE SE STUART, FL 34797	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Daniel B. Longman 1265 SE Saint Lucie Stuart, Florida 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAKER, COLLEEN E 1225 SE CORAL REEF PORT ST LUCIE, FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Colleen E. Baker 1265 SE Saint Lucie Stuart, Florida 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: 			8/8/05 Date Daytime Phone #		

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