2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000034494 1. Entity Name CME CONSULTANTS, INC.

FILED Apr 26, 2007 08:00 All Secretary of State

Principal Place of Business Mailing Address

17415 NW 75 PL. #101 17415 NW 75 PL. #101 MIAMI, FL 33015 MIAMI, FL 33015 03192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0546639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VALENCIA, CARLOS A 17415 NW 75 PL. #101 MIAMI, FL 33015 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when intristing) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000733247 Trust Fund Contribution. Added to Fees 05/09/07-80078-020 150.00 10. OFFICERS AND DIRECTORS DP TITLE VALENCIA, CARLOS A 17415 NW 75 PL, #101 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information aupplied 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 propowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP