

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90142 044 \*\*\*150.00

<b>DOCUMENT # P03000078406</b>					
<b>1. Entity Name</b> <b>CMS INVESTMENTS, INC.</b>					
<b>Principal Place of Business</b> 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232			<b>Mailing Address</b> 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232		
<b>2. Principal Place of Business</b> 5401 S. Kirkman Rd, 310		<b>3. Mailing Address</b> 5401 S. Kirkman Rd, 310			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092005    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> Orlando, FL		<b>City &amp; State</b> Orlando, FL		<b>4. FEI Number</b> 57-1184982	
<b>Zip</b> 32819		<b>Country</b>		<b>Applied For</b> Not Applicable	
<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> JOHNSON, STEVE 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232			<b>7. Name and Address of New Registered Agent</b> Name: <b>Steve Johnson</b> Street Address (P.O. Box Number is Not Acceptable): <b>3227 Kentshire Blvd</b> City: <b>Ocoee</b> <b>FL</b> Zip Code: <b>34761</b>		
<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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <input type="checkbox"/> Delete <b>JOHNSON, STEVE</b> 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Steve Johnson</b> 3227 Kentshire Blvd Ocoee, FL 34761	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <input type="checkbox"/> Delete <b>STEELE, MARTYN</b> 301 N CATTLEMAN ROAD STE 205 SARASOTA, FL 34232		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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>			<b>4/27/05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		