

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90036 049 \*\*\*150.00

<b>DOCUMENT # P03000098899</b>	
1. Entity Name <b>COMMUNITY MANAGEMENT SPECIALISTS, INC.</b>	



Principal Place of Business <b>1750 W. BROADWAY ST. #118 OVIEDO, FL 32765</b>	Mailing Address <b>1750 W. BROADWAY ST. #118 OVIEDO, FL 32765</b>
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4004000



2. Principal Place of Business - No P.O. Box # <b>1750 W. Broadway St.</b>	3. Mailing Address <b>PO Box 620348</b>
Suite, Apt. #, etc. <b>Suite #220</b>	Suite, Apt. #, etc.
City & State <b>Oviedo, FL</b>	City & State <b>Oviedo, FL</b>
Zip <b>32765</b>	Country <b>USA</b>
Zip <b>32762</b>	Country <b>USA</b>

01112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>DAVIS, KEVIN M 1750 W. BROADWAY ST. #118 OVIEDO, FL 32765</b>		7. Name and Address of New Registered Agent Name <b>Kevin Davis</b> Street Address (P.O. Box Number is Not Acceptable) <b>1750 W. Broadway St.</b> <b>Suite #220</b> City <b>Oviedo</b> <b>FL</b> Zip Code <b>32762</b>	
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8. The above named entity subscribes 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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, KEVIN M</b>		NAME <b>DAVIS, KEVIN M</b>	
STREET ADDRESS <b>5643 SAGO PALM DRIVE</b>		STREET ADDRESS <b>6209 NORTHLINE PKWY</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32819</b>		CITY-ST-ZIP <b>ORLANDO FL 32827</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **3/1/08** **4073830322**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #