

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111925

FILED
Apr 30, 2004
Secretary of State

Entity Name: REAL CPM, INC.

Current Principal Place of Business:

3131 EAST RIVERSIDE DRIVE
FORT MYERS, FL 33916

New Principal Place of Business:

6900-29 DANIELS PKWY
200
FORT MYERS, FL 33912

Current Mailing Address:

3131 EAST RIVERSIDE DRIVE
FORT MYERS, FL 33916

New Mailing Address:

PO BOX 61529
FORT MYERS, FL 33906

FEI Number: 20-0516255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTREE, PETER
3131 EAST RIVERSIDE DRIVE
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

ATTREE, PETER
PO BOX 61529
FORT MYERS, FL 33906 US

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.

SIGNATURE: P ATTREE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ATTREE, PETER
Address: 3131 EAST RIVERSIDE DR
City-St-Zip: FORT MYERS, FL 33916

Title: VP () Delete
Name: KASSAR, HELENA
Address: 3131 EAST RIVERSIDE DR
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ATTREE, PETER
Address: PO BOX 61529
City-St-Zip: FORT MYERS, FL 33906

Title: VP (X) Change () Addition
Name: KASSAR, HELENA
Address: PO BOX 61529
City-St-Zip: FORT MYERS, FL 33906

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P ATTREE

PSD

04/30/2004

Electronic Signature of Signing Officer or Director

Date