

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157651

Entity Name: CPM CONSULTING, INC.

FILED
Jan 23, 2005
Secretary of State

Current Principal Place of Business:

835 S. OSPREY AVENUE
#409
SARASOTA, FL 34236 US

Current Mailing Address:

835 S. OSPREY AVENUE
#409
SARASOTA, FL 34236 US

New Principal Place of Business:

258 GOLDEN GATE POINT
501
SARASOTA, FL 34236 US

New Mailing Address:

258 GOLDEN GATE POINT
501
SARASOTA, FL 34236 US

FEI Number: 20-0527919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAGUE, JONATHAN
835 S. OSPREY AVENUE #409
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MCCAGUE, JONATHAN D
258 GOLDEN GATE POINT
501
SARASOTA, FL 34236 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: JONATHAN MCCAGUE

01/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCAGUE, CYNTHIA
Address: 835 S. OSPREY AVENUE, #409
City-St-Zip: SARASOTA, FL 34236

Title: RA () Delete
Name: MCCAGUE, JONATHAN
Address: 835 S. OSPREY AVENUE, #409
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: MCCAGUE, CYNTHIA P
Address: 258 GOLDEN GATE POINT #501
City-St-Zip: SARASOTA, FL 34236

Title: MR (X) Change () Addition
Name: MCCAGUE, JONATHAN
Address: 258 GOLDEN GATE POINT #501
City-St-Zip: SARASOTA, FL 34236

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: JONATHAN MCCAGUE

MR

01/23/2005

Electronic Signature of Signing Officer or Director

Date