


**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 039 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                  |  |
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| <b>DOCUMENT # P04000024165</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                 |  |
| 1. Entity Name<br><b>CM RUSS DEVELOPMENT CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                  |  |
| Principal Place of Business<br><b>11414 56TH PLACE NORTH<br/>ROYAL PALM BEACH, FL 33411</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Mailing Address<br><b>11414 56TH PLACE NORTH<br/>ROYAL PALM BEACH, FL 33411</b>                                                                                  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>19 BRIGATON CT.<br/>PALM BEACH GARDENS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 3. Mailing Address<br><b>11414 56TH PLACE NORTH<br/>ROYAL PALM BEACH, FL 33411</b>                                                                               |  |
| City & State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City & State<br><b>FL</b>                                                                                                                                        |  |
| Zip<br><b>33410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Country<br><b>USA</b>                                                                                                                                            |  |
| 4. FEI Number<br><b>01-0805827</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                           |  |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><b>RUSS, CLIFF<br/>11414 56TH PLACE NORTH<br/>ROYAL PALM BEACH, FL 33411</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 7. Name and Address of New Registered Agent<br><b>Name<br/>Street Address (P.O. Box Number is Not Acceptable)<br/>City<br/>FL Zip Code</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.<br>SIGNATURE <u><b>Clifford Russ, Pres.</b></u> DATE <u><b>3-24-07</b></u><br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when terminating)</small>                                                                                                                                                                           |  |                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                            |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><b>PVST.<br/>RUSS, CLIFFORD<br/>11414 56TH PLACE NORTH<br/>ROYAL PALM BEACH, FL 33411</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><b>V<br/>RUSS, MICHAEL<br/>11914 56 PL N<br/>ROYAL PALM BEACH, FL 33411</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                            |  |
| 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: <u><b>Clifford Russ</b></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <u><b>CLIFFORD RUSS 3-24-07</b></u><br><small>Date</small><br><b>561-745-6922</b><br><small>Telephone Number</small>                                             |  |