2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000049123 1. Entity Name CNM N STALLERS INC.

Principal Place of Business

7415 COUNTY RD. 30 PORT ST. 10E, FL 32456 Mailing Address

7415 COUNTY RD. 30 PORT ST. 10E, FL 32456

FILED Feb 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0874612

Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CLAYTON, MICHAEL 7415 COUNTY RD. 30 PORT ST. JOE, FL 32456

SIGNATURE: THE

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	allice or r	egistered agent, or be	olfs, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of regressed agent and titls f	applicable. (NOTE: Ropistered A	gent liignature	required when reinstating)	OKTÉ
FILE NOWIII FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CHY-SI-ZIP	PID CLAYTON, MICHAEL 7415 COUNTY RD. 30 PORT ST. JOE, FL 32456		U00000417441 02/13/06-8 0054-0 17 150.00		
TITLE Name Street address City-St-Zip	VP/D MALLON, DUSTIN 44 SQUIRE RD. APALACHICOLA, FL 32320				
TITLE					02/13/06-80054-017 150.00
NAME STREET ADDRESS		1		Б.О	MOT MORE
CITY-ST-ZIP		1		טט	NOT WRITE
TIPLE HAME STREET ADDRESS EXTY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZP					
TITLE					
NAME STREET ADDRESS		į			
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 affactment with an address, with all other tike empowered.					

Michael Chaylon, President