2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054813

Entity Name: C M K GLOBAL ENTERPRISES, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

212 N AQUANALDO ST 419 BUCKHORN CREEK ROAD PERRY, FL 32347 SOPCHOPPY, FL 32358

Current Mailing Address: New Mailing Address:

212 N AQUANALDO ST 419 BUCKHORN CREEK ROAD SOPCHOPPY, FL 32358

FEI Number: 83-0390398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLY, BUFORD THOMAS, SANDRA L
212 N AQUANALDO ST 419 BUCKHORN CREEK ROAD
PERRY, FL 32347 US SOPCHOPPY, FL 32358 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: SANDRA L. THOMAS 04/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: KELLY, BUFORD Name: THOMAS, LOUIE M

Address: 212 N AQUANALDO ST Address: 419 BUCKHORN CREEK ROAD
City-St-Zip: PERRY, FL 32347 City-St-Zip: SOPCHOPPY, FL 32358

 Name:
 KELLY, M.W.
 Name:
 KELLY, MILDRED W

 Address:
 212 N AQUANALDO ST
 Address:
 212 N AQUANALDO ST

 City-St-Zip:
 PERRY, FL 32347
 City-St-Zip:
 PERRY, FL 32347

Title: () Delete Title: S () Change (X) Addition

Name:Name:THOMAS, SANDRA LAddress:Address:419 BUCKHORN CREEK ROADCity-St-Zip:City-St-Zip:SOPCHOPPY, FL 32358

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: SANDRA L. THOMAS S 04/11/2005