

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084491

Entity Name: CMN BALLOON TEAM, INC.

FILED  
Feb 23, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 452953  
KISSIMMEE, FL 34745

## New Principal Place of Business:

## Current Mailing Address:

138 PALM COAST PARKWAY NE  
SUITE 314  
PALM COAST, FL 32137

## New Mailing Address:

P.O. BOX 452953  
KISSIMMEE, FL 34745

FEI Number: 20-1175641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROTTS, DAVID  
138 PALM COAST PARKWAY, NE  
#314  
PALM COAST, FL 32137, FL 32137 US

## Name and Address of New Registered Agent:

THOMPSON, JON  
P.O. BOX 452953  
KISSIMMEE, FL 34745 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: JON THOMPSON

02/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: CROTTS, DAVID  
Address: 138 PALM COAST PARKWAY, NE \$314  
City-St-Zip: PALM COAST, FL 32137

Title: VP/D ( ) Delete  
Name: THOMPSON, JON  
Address: P.O. BOX 452953  
City-St-Zip: KISSIMMEE, FL 34745

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: THOMPSON, JON  
Address: P.O. BOX 452953  
City-St-Zip: KISSIMMEE, FL 34745

Title: VP/D (X) Change ( ) Addition  
Name: THOMPSON, SANDY  
Address: P.O. BOX 452953  
City-St-Zip: KISSIMMEE, FL 34745

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JON THOMPSON

P/D

02/23/2006

Electronic Signature of Signing Officer or Director

Date