2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084491

Entity Name: CMN BALLOON TEAM, INC.

FILED May 28, 2008 Secretary of State

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

1361 E. OSCEOLA PARKWAY 1226 E. LEHIGH STREET **SUITE #301** KISSIMMEE, FL 34744

KISSIMMEE, FL 34744

New Mailing Address: Current Mailing Address:

1361 E. OSCEOLA PARKWAY P. O. BOX 452953 **SUITE #301** KISSIMMEE, FL 34745 KISSIMMEE, FL 34744

FEI Number: 20-1175641 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:

THOMPSON, JON THOMPSON, JON 1226 E. LEHIGH STREET 1361 E. OSCEOLA PARKWAY **SUITE #301** KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 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: 05/28/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition THOMPSON, JON THOMPSON, JON Name: Name: 1361 E. OSCEOLA PARKWAY #301 Address: 1226 E. LEHIGH STREET Address:

City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744

(X) Delete Title: VP/D Title: () Change () Addition

THOMPSON, SANDY Name: Name: 1361 E. OSCEOLA PARKWAY #301 Address: Address: KISSIMMEE, FL 34744 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 A. THOMPSON P/D 05/28/2008