

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076836

FILED
Jan 08, 2007
Secretary of State

Entity Name: CMS BUSINESS TECHNOLOGIES, INC.

Current Principal Place of Business:

548 MARY ESTHER CUTOFF
SUITE 274
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

New Mailing Address:

548 MARY ESTHER CUTOFF
SUITE 274
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

548 MARY ESTHER CUTOFF
PMB 274
FORT WALTON BEACH, FL 32548 US

FEI Number: 20-2938388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, WILLIAM R
125 SOUTH ALCANIZ ST
SUITE 1
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

MITCHELL, WILLIAM R
125 SOUTH ALCANIZ ST
SUITE 2
PENSACOLA, FL 32502 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: _____

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOWE, SAMUEL S III
Address: 3 SHADY LN
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VP () Delete
Name: LOWE, DONALD C
Address: 507 RUSH PARK CIRCLE
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VP () Delete
Name: LOWE, MICHAEL S
Address: 2185 SALAMANCA ST
City-St-Zip: NAVARRE, FL 32566 US

Title: S,T () Delete
Name: LOWE, NANCY S
Address: 3 SHADY LN
City-St-Zip: MARY ESTHER, FL 32569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL S. LOWE

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date