

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092907

FILED
May 02, 2009
Secretary of State

Entity Name: CMG-ETC, INC

Current Principal Place of Business:

3217 VINCENT ROAD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

1908 STRATFORD WAY
WEST PALM BEACH, FL 33409 US

Current Mailing Address:

3217 VINCENT ROAD
WEST PALM BEACH, FL 33405 US

New Mailing Address:

P.O. BOX 221361
WEST PALM BEACH, FL 33422 US

FEI Number: 83-0432862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOYETTE, CLARE M
3217 VINCENT ROAD
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

GOYETTE, CLARE M
1908 STRATFORD WAY
WEST PALM BEACH, FL 33409 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:

05/02/2009

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:

Title: PSTD () Delete
Name: GOYETTE, CLARE M
Address: 3217 VINCENT ROAD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: VP () Delete
Name: GOYETTE, SUSAN A
Address: 30TH STREET SOUTH, 3B-1
City-St-Zip: ARLINGTON, VA 22206 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GOYETTE, CLARE M
Address: 1908 STRATFORD WAY
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: () Change () Addition
Name:
Address:
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: CLARE M. GOYETTE

PSTD

05/02/2009

Electronic Signature of Signing Officer or Director

Date