


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90127 001 \*\*\*\*\*8.75  
03-15-2006 90127 002 \*\*\*150.00

<b>DOCUMENT # P05000139049</b> 1. Entity Name <b>CMA RESTORATION COMPANY</b>					
Principal Place of Business <b>5710 NW NORTH MACEDO BLVD PORT ST. LUCIE, FL 34983</b>			Mailing Address <b>5710 NW NORTH MACEDO BLVD PORT ST. LUCIE, FL 34983</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WARNER &amp; ASSOCIATES 1897 PALM BEACH LAKES BLVD SUITE 226 WEST PALM BEACH, FL 33409</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,T PATTI, CARLO 5710 NW NORTH MACEDO BLVD PORT ST. LUCIE, FL 34983		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,S PATTI, MICHELE 5710 NW NORTH MACEDO BLVD PORT ST. LUCIE, FL 34983		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>3/30/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**CPA**

*Attachment*  
**WARNER & ASSOCIATES, CPA, PA**

**CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS**

1897 Palm Beach Lakes Boulevard • Suite 226 • West Palm Beach • Florida 33409 • 561-686-8666 • FAX 561-686-3304  
Jupiter • Florida • 561-747-5668 E-mail: pbcpa1@aol.com

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*# P05000139049*

March 30, 2006

Florida Department of Revenue  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: CMA Restoration Company, EIN# 02-0756708

To Whom It May Concern:

We received the 2006 Annual Report back stating Block 4 was missing the Federal Employment Identification Number. We have added this information; please update your files accordingly.

If you have any additional questions do not hesitate to call.

Sincerely,  
WARNER & ASSOCIATES, C.P.A., PA



Ronald D. Warner  
Certified Public Accountant

RDW/aj