


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90480 010 \*\*\*150.00

<b>DOCUMENT # P06000000900</b>	
1. Entity Name <b>CMP IMPRESSIONS, INC.</b>	

Principal Place of Business <b>260 WRANGLEWOOD DRIVE WELLINGTON, FL 33414</b>	Mailing Address <b>260 WRANGLEWOOD DRIVE WELLINGTON, FL 33414</b>
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2. Principal Place of Business - No P.O. Box # <b>260 WRANGLEWOOD DR.</b>	3. Mailing Address <b>SAME</b>
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Suite, Apt. #, etc. <b>WELLINGTON</b>	Suite, Apt. #, etc.
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City & State <b>FL</b>	City & State
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Zip <b>33414</b>	Country <b>USA</b>	Zip	Country
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07122007 Chg-P CR2E034 (12/06)

4. FEI Number <b>204054967</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>POTENZA, CYNTHIA M 260 WRANGLEWOOD DRIVE WELLINGTON, FL 33414</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>N/A</b>
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 <b>N/A</b>	DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D POTENZA, CYNTHIA 260 WRANGLEWOOD DRIVE WELLINGTON, FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**7/12/07 (361) 255-4687**

**Bank of America** 

**ATTACHMENT** Online Banking

66020387  
#P06000000900

Business Economy Chk - 9854 : Check Image

Check Image:

1035

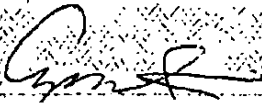
CMP IMPRESSIONS, INC.  
230 WINDLEWOOD DR.  
WELLINGTON, FL 33414-4538

DATE 4/27/07

PAY TO THE ORDER OF Florida Department of State \$ 150.00

One hundred and fifty and 00/100 DOLLARS

Bank of America

FOR 

7/12/07

Dear Sirs — ATTACHMENT  
66020387  
~~#P06000000900~~

Please find enclosed a completed copy of the Annual Report Form which was submitted back in April.

I just spoke to a representative who looked up my information and said that the Intent to Dissolve postcard was mailed to me because of an incorrectly filled out form being returned in April, and not non-payment.

Please find enclosed a copy of the returned check and the form filled out correctly.

Thank you for your time,  
Cynthia Patenzz