

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000027396

FILED
Apr 27, 2007
Secretary of State

Entity Name: CM MANAGEMENT OF THE GULF COAST, INC.

Current Principal Place of Business:

12945 SEMINOLE BLVD
BLDG 2, SUITE 16
SEMINOLE, FL 33778

New Principal Place of Business:

12945 SEMINOLE BLVD
BLDG 2, SUITE 16
LARGO, FL 33778

Current Mailing Address:

12945 SEMINOLE BLVD
BLDG 2, SUITE 16
SEMINOLE, FL 33778

New Mailing Address:

12945 SEMINOLE BLVD
BLDG 2, SUITE 16
LARGO, FL 33778

FEI Number: 20-4373124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, TRACY G
12945 SEMINOLE BLVD
BLDG 2, SUITE 16
SEMINOLE, FL 33778 US

Name and Address of New Registered Agent:

WALTER, TRACY G
12945 SEMINOLE BLVD
BLDG 2, SUITE 16
LARGO, FL 33778 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: _____

Electronic Signature of Registered Agent

04/27/2007

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WALTER, TRACY G
Address: 12945 SEMINOLE BLVD, BLDG 2-16
City-St-Zip: SEMINOLE, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WALTER, TRACY G
Address: 12945 SEMINOLE BLVD, BLDG 2-16
City-St-Zip: LARGO, FL 33778

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: TRACY G WALTER

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04/27/2007

Electronic Signature of Signing Officer or Director

Date