## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000037311

City-St-Zip:

MADEIRA BEACH, FL 33708 US

Entity Name: CONDO MANAGEMENT PLUS INC.

FILED Jan 15, 2007 Secretary of State

			·-	
Current P	rincipal Place of Business:	New Principal Plac	e of Business:	
401 150TH	HAVE.	352 150TH AVENUE		
UNIT 267		SUITE E		
MADEIRA	BEACH, FL 33708 US	MADEIRA BEACH, F	FL 33708 US	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
401 150TH	HAVE	P.O. BOX 86507		
UNIT 267		MADEIRA BEACH, F	FL 33738 US	
MADEIRA	BEACH, FL 33708 US	,		
FEI Number	: 20-4808031 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
ADAMS, K 401 150TH UNIT 267 MADEIRA				
	e named entity submits this statement for the p e of Florida.	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	VP/D ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	ADAMS, KEN	Name:	( ) = 3 = ( )	
Address:	401 150TH AVE. UNIT 267	Address:		
City-St-Zip:	MADEIRA BEACH, FL 33708 US	City-St-Zip:		
Title:	P/D ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	ADAMS, JOYCE	Name:		
Address:	401 150TH AVE. UNIT 267	Address:		
City-St-Zip:	MADEIRA BEACH, FL 33708 US	City-St-Zip:		
Title:	S/T () Delete	Title:	( ) Change ( ) Addition	
Name:	ADAMS, JOYCE	Name:	• •	
Address:	401 150TH AVE. UNIT 267	Address:		

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.

City-St-Zip:

SIGNATURE: KEN ADAMS VP/D 01/15/2007