2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037311

Entity Name: CONDO MANAGEMENT PLUS INC.

FILED Jul 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	H AVENUE				
SUITE E MADEIRA	BEACH, FL 33	3708 US			
Current M	Mailing Addres	s:	New Mailing Ad	dress:	
P.O. BOX MADEIRA	86507 BEACH, FL 33	3738 US			
FEI Number	: 20-4808031	FEI Number Applied Fe	or () FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered A	gent: Name and Addre	ess of New Registered Agent:	
ADAMS, k 401 150Th UNIT 267 MADEIRA		3708 US			
	e named entity s e of Florida.	submits this statement	for the purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Regist	ered Agent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution	n ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ADAMS, KEN 401 150TH AVE	Delete :. UNIT 267 CH, FL 33708 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ADAMS, JOYCE 401 150TH AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVORAK, JEFF 401 150TH AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KEN ADAMS D 07/02/2009