2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State

DOCUMENT # P07000041492 1. Entity Name CAROLYN SCHUESSLER CNM, INC.						01-16-2008	-		
Principal Plac	e of Rusiness	Mailing Address		 .					
5890 NW 40TH LANE COCONUT CREEK, FL 33073 US		5890 NW 40TH LANE COCONUT CREEK, FL 33073		US	* 1884 (1884) 144 (1844	141 1831 <i>2</i> 814 6 346 231	s Birni arbini nitr		* ***
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122008	Chg-P		14 (12/06)	i (4.6)	
City & State		City & State					<u> </u>	plied For	
				n.	4. FEI Number 20 - 8	861971		No	t Applicable
ZID	Country Zip Cou		Count		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		N	7. Name and A	ddress of New R	egistered A	gent	
PLATT & TENBERG, P.A.				Name					
2470 N.E. 23RD STREET POMPANO BEACH, FL 33062			Street Address (P.O. Box Number is Not Acceptable)						
			Į						
		Cit		City			FL	Zip Code	9
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.									
					.00 May Be led to Fees				
	ay 1, 2008 Fee will be \$550.	Trust Fund Conti			ed to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After Ma	ay 1, 2008 Fee will be \$550.0 OFFICERS AND	Trust Fund Conti	11.	□ Add	ed to Fees	HANGES TO OFF	ICERS AND	DIRECTORS Change	S IN 11
10. TITLE NAME	OFFICERS AND D SCHUESSLER, CAROLYN S	DIRECTORS	11.	Add	ed to Fees	HANGES TO OFF	ICERS AND		
After Ma	ay 1, 2008 Fee will be \$550.0 OFFICERS AND	DIRECTORS	11. TITLE NAME STREE	□ Add	ed to Fees	HANGES TO OFF	ICERS AND		
10. TITLE NAME STREET ADDRESS	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS	11. TITLE NAME STREE	Add	ed to Fees	HANGES TO OFF	ICERS AND		
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete	11. TITLE NAME STREE CITY- TITLE NAME	Add	ed to Fees	HANGES TO OFF	ICERS AND	Change	Addition
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE	Addd	ed to Fees	HANGES TO OFF	ICERS AND	Change	Addition
AREF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY-	Addi	ed to Fees	HANGES TO OFF	ICERS AND	☐ Change	Addition
AREF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE	Addd ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF	ICERS AND	Change	Addition
AREF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	Addd ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF	ICERS AND	□ Change	Addition
AREF MA	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	Add ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF	ICERS AND	□ Change	Addition
AREF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE TITLE TITLE TITLE TITLE TITLE	Add T ADDRESS SI-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF		□ Change	Addition
AREF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	Add ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF		Change Change	Addition Addition
AREF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete	11. TITLE NAME STREE CITY-	Add T ADDRESS SI-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF		Change Change	Addition Addition
ARTOR MAI 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete	11. TITLE NAME STREE CITY-	Add The Address of Ad	ed to Fees	HANGES TO OFF		Change Change	Addition Addition
ARTOF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete	11. TITLE NAME STREE CITY- TITLE NAME	Add ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF		Change Change Change	Addition Addition Addition
ARTOR MAI 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete	Tribution. 11. TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE	Add ET ADDRESS SIT-ZIP	ed to Fees	HANGES TO OFF		Change Change Change	Addition Addition Addition
ARTOF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete Delete	TIDUTION. 11. TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME CITY- TITLE NAME CITY- TITLE NAME CITY-	Add The Address of Ad	ed to Fees	HANGES TO OFF		Change Change Change	Addition Addition Addition Addition
ARTOR MAI 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete	TIDUTION. 11. TITLE NAME STREE CITY- TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE	Add T ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF		Change Change Change	Addition Addition Addition
ARTOF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete Delete	TIDUTION. 11. TITLE NAME STREE CITY- TITLE NAME	Add T ADDRESS SI-ZIP ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF		Change Change Change	Addition Addition Addition Addition
ARTOF MA 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D SCHUESSLER, CAROLYN S 5890 NW 40TH LANE	DIRECTORS Delete Delete Delete Delete	TIDUTION. 11. TITLE NAME STREE CITY- TITLE NAME STREE	Add ET ADDRESS SI-ZIP	ed to Fees	HANGES TO OFF		Change Change Change	Addition Addition Addition 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:

Causin Shussin

1-13-08 Date 954-698-5128

Daytime Phone #