2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

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DOCUMENT # P93000039089 1. Entity Name CPM DESIGN ASSOCIATES, INC.								Secreta	ry of St	at	e
Principal Place of Business Malling Address							7				
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2419 PINERIDGE RD				2419 PINERIDGE RD			}				
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2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. If, etc.				Suite, Apt. #, etc.			02252006	Chg-P	CR2E034 (11	(/05)	
City & State				City & State			4. FEI Numbe 59-3187				oplied For of Applicable
Zip	Country			Zip 	Cour	otry	5. Certificate	of Status Desirod	□ \$8.7 Fee R		
	6. Name	and Address	of Current Regis	tered Agent			7. Name and	Address of New R	egistered Agent		
		_				Name					_
PARROTT, TWILA D				-			D.O. Berrations	- (- A)- (A (-) (-			
2419 PINE				Street Address			P.U. BOX NUMBE	r is Not Acceptable)		
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						City	<u></u>		FL Zh	Code	9
B. The above	a named entit	v suhmits this	statement for the n	ourpose of changing its	rogletar	ad allice or register	and agent or both	in the State of Fig	(
agiido ent	tions of regis	tered agent.	nateriorii ioi tile p	pulpose of charging its	, ieAlstei	an office of tedister	ea ageur, or non	i, iii ine siale oi rio	rioa. Tam tamilar	wiin,	ena accept
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SIGNATURE.	Planature hone	l es estato el escripto	- determined	V P 11-							
	Signature, types	or printed nemeror n	egistered agent and hile	n applicable. (NO)	E: Notificial	d Agent signature required	when reinstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.							.00 May Be ed to Fees				
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Indicated of the corr	on this report potation or th	t or supplement e receivar or tra	lai report is true at usice empowered	ng does not qualify for nd accurate and that m to execute this report other like empowered.	ny signati as recuir	inplions contained ire shall have the si ed by Chapter 607,	in Unapter 119, I ame legat ellect a Florida Statutes;	-iurida Statutes. 1 le is if made under os and that my name	anner contry that to th, that I am an of appears in Block	ne int licer o 10 or 1	ormation or director Block 11 if

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRE