
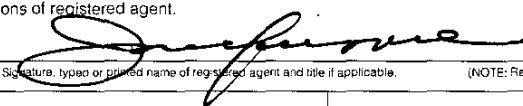


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000065979 1. Entity Name C.M.P. MANAGEMENT SERVICES, INC.						FILED 05 MAY 12 PM 2:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 222 LAKEVIEW AVENUE, PH5 WEST PALM BEACH, FL 33401				Mailing Address 222 LAKEVIEW AVENUE, PH5 WEST PALM BEACH, FL 33401			
2. Principal Place of Business 3220 S Dixie Hwy		3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State West Palm Bch, FL		City & State		4. FEI Number 65-0506552		Applied For <input type="checkbox"/> Not Applicable	
Zip 33401		Country USA		Zip		Country	
6. Name and Address of Current Registered Agent MORRISON, CARLOS 222 LAKEVIEW AVENUE PH-5 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Joel P. Koepfel, Esquire Street Address (P.O. Box Number is Not Acceptable) 525 South Flagler Drive Suite 200 City West Palm Beach			
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.				DATE 5/4/05			
SIGNATURE 				(NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PTSD	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MORRISON, CARLOS	STREET ADDRESS 222 LAKEVIEW AVENUE, PH5			400054867704			
CITY-ST-ZIP WEST PALM BEACH, FL 33401				05/19/05--01081--016 **\$61.25			
TITLE 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME 	STREET ADDRESS 						
CITY-ST-ZIP 							
TITLE 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME 	STREET ADDRESS 						
CITY-ST-ZIP 							
TITLE 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME 	STREET ADDRESS 						
CITY-ST-ZIP 							
TITLE 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME 	STREET ADDRESS 						
CITY-ST-ZIP 							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  CARLOS G. MORRISON 5-5-2005 561-832-6070							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							