2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# P95000092362

Entity Name: CMD PUBLISHING CORPORATION

Current Principal Place of Business:

119 E PARK AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

119 E PARK AVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3351790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIXON, M JUHAN
119 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MIXON, M. JUHAN
Address: 2630 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: DUKES, GARNET L
Address: 3207 BROOKFOREST DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: ST ( ) Delete
Name: DUKES, ANDREA
Address: 4631 INISHEER DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: MIXON, PAT C
Address: 2630 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PAT C. MIXON D 03/28/2007

Electronic Signature of Signing Officer or Director — Date