


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90504 042 ***150.00

DOCUMENT # P97000106381 1. Entity Name CMP PROPERTIES, INC.	
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Principal Place of Business 7700 NORTH STATE ROAD # 7 PARKLAND, FL 33073	Mailing Address 7700 NORTH STATE ROAD # 7 PARKLAND, FL 33073
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20054109



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3508379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PITTER, CARL S 7447 NW 57 ST TAMARAC, FL 33319

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PITTER, CARL S 7700 NORTH STATE ROAD # 7 PARKLAND, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PITTER, MARJORIE T 7700 NORTH STATE ROAD # 7 PARKLAND, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS PITTER, LISA A 7700 NORTH STATE ROAD # 7 PARKLAND, FL 33073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marjorie Pitter Date: April 27/05 Daytime Phone #: 954 431-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR