2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035249

FILED Apr 02, 2007 Secretary of State

Entity Name: CL MANAGEMENT GROUP, INC.	•	
Current Principal Place of Business:	New Principal Place of Business:	
3005 DEL PRADO BLVD CAPE CORAL, FL 33904		
Current Mailing Address:	New Mailing Address:	
3005 DEL PRADO BLVD CAPE CORAL, FL 33904	ace of Business: New Principal Place of Business: Notess: New Mailing Address: Notess: New Mailing Address: Notess: New Mailing Address: Notess: Notess: New Mailing Address: Notess: Notess: Notess: Notess: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Notess: No	
FEI Number: 65-0919539 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
LINHART, TODD S 15975 BRIARCLIFF LANE FORT MYERS, FL 33912 US		
The above named entity submits this statement for the in the State of Florida.	Place of Business: New Principal Place of Business: New Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: PEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Of Current Registered Agent: Name and Address of New Registered Agent: LANE 33912 US Attity submits this statement for the purpose of changing its registered office or registered agent, or both, a. Ctronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete TODD S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Name: LINHART, TODD S	
SIGNATURE:		
Electronic Signature of Registered A	gent Date	
Election Campaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: P () Delete Name: LINHART, TODD S Address: 15975 BRIARCLIFF LN	Name: LINHART, TODD S	

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

() Delete Title: () Change (X) Addition

BRENNAN, JAMES R Name: Name: Address: Address: 1609 SE 40TH TERR City-St-Zip: CAPE CORAL, FL 33904 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: JAMES BRENNAN VP,T 04/02/2007