2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059691

Entity Name: CMJ VENTURES, INC.

HEHSLEY, WILLIAM B

1295 VERNON STREET

WABASH, IN 46992

Name:

Address:

City-St-Zip:

FILED Jul 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7625 HAMILTON PARK DR SUITE 12 CHATTANOOGA, TN 37421 **New Mailing Address: Current Mailing Address:** 7625 HAMILTON PARK DR SUITE 12 CHATTANOOGA, TN 37421 FEI Number: 61-1350787 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: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition THOMPSON, CHARLES L THOMPSON, CHARLES L Name: Name: 7625 HAMILTON PARK DR STE 12 7625 HAMILTON PARK DR STE 12 Address: Address: City-St-Zip: CHATTANOOGA, TN 37421 City-St-Zip: CHATTANOOGA, TN 37421 Title: ВС Title: CEOD (X) Change () Addition () Delete HENSLEY, WILLIAM III B Name: METZ, RON Name: 2366 WEST BLVD 1295 VERNON STREET Address: Address: City-St-Zip: KOKOMO, IN 46902 City-St-Zip: WABASH, IN 46992 Title: Title: CFO (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES L. THOMPSON STD 07/08/2005