

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089019

FILED
Jul 15, 2008
Secretary of State

Entity Name: CNI HOLDING CORPORATION

Current Principal Place of Business:

25400 US HWY 19 N
SUITE 150
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 383
SAFETY HARBOR, FL 34695 US

New Mailing Address:

PO BOX 682567
FRANKLIN, TN 370682567 US

FEI Number: 59-3601506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIEDZIELSKI, PATRICIA
25400 US HWY 19 N
SUITE 150
CLEARWATER, FL 33763 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

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:

Title: P () Delete
Name: KOBLISH, BRUCE
Address: 25400 US HWY 19 N SUITE 150
City-St-Zip: CLEARWATER, FL 33763 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOBLISH, BRUCE
Address: 320 BILLINGSLEY COURT STE 30
City-St-Zip: FRANKLIN, TN 37067 US

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA NIEDZIELSKI

VP

07/15/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date