

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S17091

**FILED  
Jan 04, 2007  
Secretary of State**

**Entity Name:** C. G. B. M. T. ENTERPRISES, INC.

**Current Principal Place of Business:**

145 KNOBBY VIEW DRIVE  
HIGHLAND, MI 48357

**New Principal Place of Business:**

**Current Mailing Address:**

145 KNOBBY VIEW DRIVE  
HIGHLAND, MI 48357

**New Mailing Address:**

**FEI Number:** 65-0221932      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARAVAGLIA, CHARLES L V.P.  
4550 18TH AVENUE N.W.  
APT. 207  
POMPANO BEACH, FL 33064 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: GARAVAGLIA, MARY ANN PRES.  
Address: 145 KNOBBY VIEW DRIVE  
City-St-Zip: HIGHLAND, MI 48357

Title: VP ( ) Delete  
Name: GARAVAGLIA, CHARLES LEWIS  
Address: 148 KNOBBY VIEW DRIVE  
City-St-Zip: HIGHLAND, MI 48357

Title: V.P. ( ) Delete  
Name: GARAVAGLIA, CHARLES L  
Address: 4550 18TH AVE NW #2-207  
City-St-Zip: POMPANO BEACH, FL 33064

Title: V ( ) Delete  
Name: GARAVAGLIA, CHARLES J  
Address: 25419 LIBERTY LANE  
City-St-Zip: FARMINGTON, MI 48335

**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: CHARLES LEWIS GARAVAGLIA

V.P.

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date