

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90426 026 ***158.75

DOCUMENT # S74269 1. Entity Name CASE MANAGEMENT RESOURCES, INC.									
Principal Place of Business 7250 BENEVA ROAD SO SARASOTA, FL 34238 US			Mailing Address P.O. BOX 22199 SARASOTA, FL 34276-5199 US						
2. Principal Place of Business - No P.O. Box # 6000 CATTLERIDGE DR Suite, Apt. #, etc. STE 302		3. Mailing Address PO BOX 50608 Suite, Apt. #, etc.							
City & State SARASOTA, FL		City & State SARASOTA, FL							
Zip 34232-6064		Zip 34232-0305		Country USA					
4. FEI Number 65-0284549				Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04242007 Chg-P CR2E034 (12/06)					
6. Name and Address of Current Registered Agent WALLECK, ROGER S 7250 BENEVA ROAD SO SARASOTA, FL 34238									
7. Name and Address of New Registered Agent Name HEIDI J. LANGELLA Street Address (P.O. Box Number is Not Acceptable) 6000 CATTLERIDGE DR, STE 302 City SARASOTA									
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 SR VP - SOUTHEAST REGION 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ALLEN, KENN R 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATTINGLY, JOSEPH E 26255 AMERICAN DR SOUTHFIELD, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVAS O'SHEA, MICHAEL E 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DUCO, JOSEPHINE D 26255 AMERICAN DR SOUTHFIELD, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVGC COSTELLO, MICHAEL G 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPAUN, KAREN M 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SPAUN, KAREN M 26255 AMERICAN DR SOUTHFIELD, MI 48034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO CUBBIN, ROBERT S 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILDE, GREGORY L 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:				4/26/07		248-264-8025			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>			

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