2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97387

Entity Name: CEMES CORP

FILED Feb 10, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--|---|
| 4220 FOX TRACE BOYNTON BEACH, FL 33436 | |
| Current Mailing Address: | New Mailing Address: |
| 37 CRANFORD DRIVE C/O LAURI MORRIS NEW CITY, NY 10956 | 217 BROOKGREEN WAY C/O LAURI MORRIS DELAND, FL 32724 |
| FEI Number: 65-0298381 FEI Number Applied For () | Number Not Applicable () Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| SAMBERG, CHARLES 4220 FOX TRACE BOYNTON BEACH, FL 33436 US | |

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Electronic Signature of Registered Agent
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

in the State of Florida.

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: PRFS (X) Change () Addition MORRIS, LAURI MORRIS, LAURI Name: Name: 37 CRAMFORD DR Address: 217 BROOKGREEN WAY Address: City-St-Zip: NEW CITY, NY 10956 City-St-Zip: DELAND, FL 32724

Title: VP () Delete Title: () Change () Addition

 Name:
 SAMBERG, DEBRA
 Name:

 Address:
 1527 31 ST NW
 Address:

 City-St-Zip:
 WASHINGTON, DC 20007
 City-St-Zip:

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: LAURI MORRIS PRES 02/10/2009