


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002123
 1. Entity Name
 CCSI INC.



Principal Place of Business
 3509 US ROUTE 22 EAST
 SOMERVILLE, NJ 08876

Mailing Address
 3509 US ROUTE 22 EAST
 SOMERVILLE, NJ 08876

DO NOT WRITE IN THIS SPACE



08272004 No Chg-P CR2E034 (10/03)

4. FEI Number
 55-0730377

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLSON, STEVE
 746 PLANTERS MANNER WAY
 BRADENTON, FL 34202

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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 STEVE CARLSON PRESIDENT (CCSI) 8-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000171372
 09/01/04-80003-024 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP PREISS, DIRK M 3509 US RT 22 EAST SOMERVILLE, NJ 08876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALDABAKRE, PAUL J 3509 US ROUTE 22 EAST SOMERVILLE, NJ 08876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPARUTO, FRANK 3509 US ROUTE 22 EAST SOMERVILLE, NJ 08876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: DANK CFO 8-26-04 908534-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #