

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002123

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: CCSI INC.

**Current Principal Place of Business:**

12615 30TH ST. CIRCLE E.  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

12615 30TH ST. CIRCLE E.  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 55-0730377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARLSON, STEVE  
12615 30TH ST. CIRCLE E.  
PARRISH, FL 34219      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: CARLSON, STEVE  
Address: 12615 30TH STREET CIRCLE E.  
City-St-Zip: PARRISH, FL 34219

Title: S ( ) Delete  
Name: CARLSON, CHRISTINA  
Address: 12615 30TH STREET CIRCLE E.  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: BRIAN KWAN

CFO

01/12/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date