2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004916

Entity Name: CONTEMPORARY SERVICES CORPORATION

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	PERIOR ST DGE, CA 913:	25		PERIOR ST DGE, CA 91325 US	6	
Current Mailing Address:			New Mailing Address:			
	PERIOR ST DGE, CA 913:	25	P.O. BOX NORTHRI	280456 DGE, CA 91328 US	6	
FEI Number	: 95-2832166	FEI Number Applied For()	FEI Number Not App	licable () Certifica	ate of Status Desired()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Reg	jistered Agent:	
236 E 6TH	RP INCORPOF I AVE SSEE, FL 323					
	e named entity : e of Florida.	submits this statement for the	purpose of changing	ts registered office or I	registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered A	gent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CP () ZUMWALT, DA 17101 SUPERI NORTHRIDGE,	OR ST	Title: Name: Address: City-St-Zip:	CP (X) Change ZUMWALT, DAMON 17101 SUPERIOR ST NORTHRIDGE, CA 9132	, <i>,</i>	
Title: Name: Address: City-St-Zip:	DV () GRANGER, JAI 17101 SUPERI NORTHRIDGE,	OR ST	Title: Name: Address: City-St-Zip:	DV (X) Change GRANGER, JAMES 17101 SUPERIOR ST NORTHRIDGE, CA 9132		
Title: Name: Address: City-St-Zip:	D () ZUMWALT, CO 17101 SUPERI NORTHRIDGE,	OR ST	Title: Name: Address: City-St-Zip:	D (X) Change ZUMWALT, COY E JR 17101 SUPERIOR ST NORTHRIDGE, CA 9132		
Title: Name: Address: City-St-Zip:	S () SERVICE, JAM 17101 SUPERI NORTHRIDGE,	OR ST	Title: Name: Address: City-St-Zip:	S (X) Change SERVICE, JAMES H 17101 SUPERIOR ST NORTHRIDGE, CA 9132	, ,	
Title: Name: Address: City-St-Zip:	T () GRANIRER, KE 17101 SUPERI NORTHRIDGE,	OR ST	Title: Name: Address: City-St-Zip:	T (X) Change GRANIRER, KEITH 17101 SUPERIOR ST NORTHRIDGE, CA 9132	· ,	

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: JAMES H. SERVICE S 03/12/2009