

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001667

FILED
Jan 06, 2009
Secretary of State

Entity Name: CPROJECTS.COM, INC.

Current Principal Place of Business:

30 CONTROLS DR.
SHELTON, CT 06484

New Principal Place of Business:

30 CONTROLS DR.
SUITE 200
SHELTON, CT 06484

Current Mailing Address:

30 CONTROLS DR.
SHELTON, CT 06484

New Mailing Address:

30 CONTROLS DR.
SUITE 200
SHELTON, CT 06484

FEI Number: 06-1572281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: SARKA, SUZANNE
Address: 30 CONTROLS DR.
City-St-Zip: SHELTON, CT 06484

Title: D () Delete
Name: WILCOX, JON
Address: 30 CONTROLS DR.
City-St-Zip: SHELTON, CT 06484

Title: D () Delete
Name: FRANKEL, GREGG
Address: 30 CONTROLS DR.
City-St-Zip: SHELTON, CT 06484

Title: DP () Delete
Name: MARULLI, JOSEPH V
Address: 30 CONTROLS DR.
City-St-Zip: SHELTON, CT 06484

Title: VP () Delete
Name: KELEMENCKY, PAUL
Address: 30 CONTROLS DR.
City-St-Zip: SHELTON, CT 06484

Title: S () Delete
Name: SIMMONS, GERALD M
Address: 30 CONTROLS DR.
City-St-Zip: SHELTON, CT 06484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH V. MARULLI

CEO

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date