


**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

03-02-2007 90016 010 ***150.00

DOCUMENT # P02000065233 1. Entity Name CB-FSI, INC.	
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40027817

Principal Place of Business 1650 ARABIAN LANE PALM HARBOR, FL 34685	Mailing Address 1650 ARABIAN LANE PALM HARBOR, FL 34685
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2. Principal Place of Business - No P.O. Box # 2003 Harborwatch Circle Suite, Apt. #, etc.	3. Mailing Address 2003 Harborwatch Circle Suite, Apt. #, etc.
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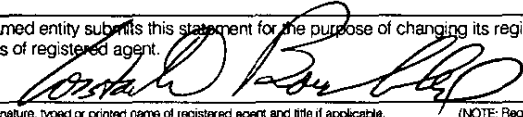
02082007 Chg-P CR2E034 (12/06)

City & State Tarpon Springs FL Zip 34689 Country USA	City & State Tarpon Springs FL Zip 34689 Country USA
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4. FEI Number 03-0458853	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOUCLAS, CONSTANTINE 1650 ARABIAN LANE PALM HARBOR, FL 34685	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2003 Harborwatch Circle City Tarpon Springs FL Zip Code 34689
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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.

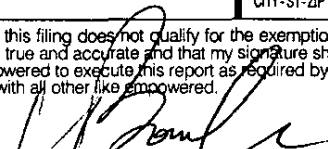
SIGNATURE:  DATE: 2/14/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete BOUCLAS, CONSTANTINE	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2003 Harborwatch Circle Tarpon Springs, FL 34689
NAME	1650 ARABIAN LANE	NAME	
STREET ADDRESS	PALM HARBOR, FL 34685	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 2/14/2007 DAYTIME PHONE #: 727-724-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR