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Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90194 036 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093107

1. Entity Name
CSL OF AMERICA, INC.

400068410

Principal Place of Business	Mailing Address
1900 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US	1900 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04122007 Chg-P CR2E034 (12/06)

4. FEI Number 05-0582830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~LEIRIAS, CESAR S~~
~~1640 SACKETT CIRCLE~~
~~ORLANDO, FL 32811~~

7. Name and Address of New Registered Agent

Name: Piccoli, Mariza
Street Address (P.O. Box Number is Not Acceptable): 7504, Chapelhill Dr
7504, Chapelhill Dr.
City: Orlando FL Zip Code: 32819

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 x Mariza Piccoli 04 14 07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

#1001 **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ~~LEIRIAS, CESAR S~~ ~~1640 SACKETT CIRCLE~~ ~~ORLANDO, FL 32811~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/S Piccoli, Mariza 7504, Chapelhill Dr Orlando/FL 32819	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: x Mariza Piccoli 04 14 07 407 849 7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #