

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 655008

FILED
Jun 10, 2008
Secretary of State**Entity Name:** CS CAPITAL STRATEGIES FINANCIAL GROUP, INC.**Current Principal Place of Business:**100 WEST LUCERNE CIRCLE
#500
ORLANDO, FL 32801**New Principal Place of Business:**300 SOUTH ORANGE AVE
#1100
ORLANDO, FL 32801**Current Mailing Address:**100 WEST LUCERNE CIRCLE
#500
ORLANDO, FL 32801**New Mailing Address:**300 SOUTH ORANGE AVE
#1100
ORLANDO, FL 32801**FEI Number:** 59-1969645**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMON, DAVID H
100 WEST LUCERNE CIRCLE
SUITE 500
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**CUFF, SHERI
1486 GRACE CIRCLE
LONGWOOD, FL 32750 US

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: SHERI CUFF

06/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEISLER, WILLIAM F
Address: 4025 W. DANBY COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DP () Delete
Name: SIMON, DAVID H
Address: 100 W. LUCERNE CIRCLE, SUITE 500
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COFRANCESCO, EDWARD R
Address: 3829 WINDING LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: DP (X) Change () Addition
Name: PANCHOOKIAN, RICHARD H
Address: 475 BOYNTON ROAD
City-St-Zip: MAITLAND, FL 32751

Title: DP () Change (X) Addition
Name: CUFF, SHERI A
Address: 1486 GRACE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: DP () Change (X) Addition
Name: WINN, JEFFREY
Address: 840 ROSEMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835

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: SHERI CUFF

DP

06/10/2008

Electronic Signature of Signing Officer or Director

Date