2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 761733

Entity Name: CONTINENTAL SQUARE, INC.

Current Principal Place of Business:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-2316343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A.
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 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: LENNARD A. LEIGHTON 01/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HARDIMAN, MICHAEL C
Address: 1428 A GULF TO BAY
City-St-Zip: CLEARWATER, FL 33755

Title: PD ( ) Delete
Name: SHARP, DARREN W
Address: 1426 D GULF TO GAY BLVD
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete
Name: MORGAN, ELVIRA
Address: 1428 C GULF TO BAY BLVD
City-St-Zip: CLEARWATER, FL 33755

Title: SD ( ) Delete
Name: BARTHOLOMEW, THERESA
Address: 1426 - E GULF TO BAY BLVD
City-St-Zip: CLEARWATER, FL 33756

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN W. SHARP PD 01/19/2009
Electronic Signature of Signing Officer or Director Date