## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

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1. Entity Name

CONTRACT SPECIALTIES GROUP LTD., INC.



Principal Place of Business

Mailing Address

755 WAVERLY AVE., STE 302 HOLTSVILLE, NY 11742

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DO NOT WRITE IN THIS SPACE

1112007 No Chg-P

CR2E034 (11/05)

4. FEI Number 11-3105864 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DEFINI, DANIEL 4870 WINCHESTER DR TITUSVILLE, FL 32780

## DO NOT WRITE IN THIS SPACE

	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.	) am familiar with, and accept
	the obligations of registered agent.	
CI	CNATURE	
21	GNATURE	

(NOTE: Registered Agent signature required when reinstaling)

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

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 000000721626 05/01/07-80153-007 150.00

OFFICERS AND DIRECTORS 10. TITLE DEFINI, DANIEL NAME STREET ADDRESS 755 WAVERLY AVE, STE 302 CITY-ST-ZIP HOLTSVILLE, NY 11742 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information surplied 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or true teel impowered 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 a raddess, with all other like as powers.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR OR OCTOR

1/19/01

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