

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004072

FILED
Mar 24, 2009
Secretary of State

Entity Name: CONTEMPORARY FINANCIAL SOLUTIONS, INC.

Current Principal Place of Business:

250 AUSTRALIAN AVE. SOUTH
SUITE 1700
WEST PALM BEACH, FL 334015012

New Principal Place of Business:

Current Mailing Address:

250 AUSTRALIAN AVE. SOUTH
SUITE 1700
WEST PALM BEACH, FL 334015012

New Mailing Address:

FEI Number: 04-3652064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: KALBAUGH, ANDY CBDCEO
Address: 738 CHARLESTOWN CIRCLE
City-St-Zip: NORTH PALM BEACH, FL 33410 US

Title: TREA () Delete
Name: KAMINSKI, DENNIS S TREA
Address: 15585 BELLANCA LANE
City-St-Zip: WELLINGTON, FL 33414

Title: SEC () Delete
Name: BROWN, STEPHANIE L SEC
Address: 9785 TOWNE CENTRE DRIVE
City-St-Zip: SAN DIEGO, CA 92121 US

Title: VPCF () Delete
Name: BECKER, DAVID C VP CFO
Address: 2093 TARPON LAKE WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: EVP () Delete
Name: CLOUD, VINCENT EVP
Address: 146 SUNSET AVE.
City-St-Zip: PALM BEACH, FL 33480 US

Title: DIR () Delete
Name: DWYER, WILLIAM E DIR
Address: 9 GINA WAY
City-St-Zip: BOXFORD, MA 01921 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: STEARNS, ESTHER M DIRECTO
Address: 10533 WHISPERING HILLS LANE
City-St-Zip: SAN DIEGO, CA 92130

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

SIGNATURE: DAVID C. BECKER

VP/C

03/24/2009

Electronic Signature of Signing Officer or Director

Date