2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F03000005334

Entity Name: COMMERCIAL DATA SYSTEMS, INC.

Current Principal Place of Business:

50 S. BERETANIA STREET, SUITE C-208B
HONOLULU, HI 96813

New Principal Place of Business:

Current Mailing Address:

50 S. BERETANIA STREET, SUITE C-208B
HONOLULU, HI 96813

New Mailing Address:

FEI Number: 99-0247359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAFNE, MARK
1400 BRIARCLIFF DRIVE
ORLANDO, FL 32806 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: CP ( ) Delete
Name: WONG, MARK
Address: 50 S. BERETANIA STREET, SUITE C-208B
City-St-Zip: HONOLULU, HI 96813

Title: DVT ( ) Delete
Name: MEROLA, GUY
Address: 50 S. BERETANIA STREET, SUITE C-208B
City-St-Zip: HONOLULU, HI 96813

Title: D ( ) Delete
Name: GILBERT, KIM
Address: 50 S. BERETANIA STREET, SUITE C-208B
City-St-Zip: HONOLULU, HI 96813

Title: S ( ) Delete
Name: ABE, ROANNE
Address: 50 S. BERETANIA STREET, SUITE C-208B
City-St-Zip: HONOLULU, HI 96813

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: WONG, MARK
Address: 50 S. BERETANIA STREET, SUITE C-208B
City-St-Zip: HONOLULU, HI 96813

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: DP ( ) Change (X) Addition
Name: GILBERT, MARK A
Address: 50 S. BERETANIA STREET, SUITE C-208B
City-St-Zip: HONOLULU, HI 96813

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: ROANNE ABE S 01/14/2009

Electronic Signature of Signing Officer or Director Date