2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007
Secretary of State

DOCUMENT# F03000005805

Entity Name: CONTINENTAL ACQUISITION SERVICES INC.

Current Principal Place of Business:

32 EAST FIELD DRIVE
BEDFORD, NY 10506

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915
BEDFORD, NY 10506

New Mailing Address:

FEI Number: 13-4127886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: HILL, MICHAEL D
Address: 32 E FIELD DRIVE
City-St-Zip: BEDFORD, NY 10506

Title: VCV ( ) Delete
Name: HILL, BETH A
Address: 32 EAST FIELD DRIVE
City-St-Zip: BEDFORD, NY 10506

Title: ST ( ) Delete
Name: MCFADDEN, CHRISTINE
Address: 32 EAST FIELD DRIVE
City-St-Zip: BEDFORD, NY 10506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCV (X) Change ( ) Addition
Name: HILL, MICHAEL D
Address: 32 E FIELD DRIVE
City-St-Zip: BEDFORD, NY 10506

Title: CP (X) Change ( ) Addition
Name: HILL, BETH A
Address: 32 EAST FIELD DRIVE
City-St-Zip: BEDFORD, NY 10506

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: CHRISTNE MCFADDEN ST 08/24/2007

Electronic Signature of Signing Officer or Director — Date