

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90413 005 ***150.00

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1. Entity Name
CONTEMPORARY SOLUTIONS-USA, INC.



Principal Place of Business
20 E. McDERMOTT DRIVE
ALLEN, TX 75002

Mailing Address
20 E. McDERMOTT DRIVE
ALLEN, TX 75002

40071100



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0683228
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, MARK S
STREET ADDRESS	20 E McDERMOTT DR
CITY-ST-ZIP	ALLEN, TX 75002
TITLE	SD
NAME	SIDORUK, TREL W
STREET ADDRESS	1066 W JERICHO TPKE 626 N. French Rd. #3
CITY-ST-ZIP	SMITHTOWN, NY 11787 Amherst, NY 14228
TITLE	TD
NAME	GIRARDI, JAMES J
STREET ADDRESS	1066 W JERICHO TPKE 626 N. French Rd. #3
CITY-ST-ZIP	SMITHTOWN, NY 11787 Amherst, NY 14228
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 supplied 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

866-396-0909

Daytime Phone #