

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006210

Entity Name: CFOS, INC.

FILED  
Jan 30, 2006  
Secretary of State

## Current Principal Place of Business:

9310 OLD KINGS ROAD SOUTH, BLDG. 201  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

888 VETERANS MEMORIAL DRIVE, SUITE 440  
HAUPPAUGE, NY 11788

## New Mailing Address:

FEI Number: 20-3599091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PCD ( ) Delete  
Name: AMELLA, JOSEPH V  
Address: 888 VETERANS MEMORIAL HIGHWAY, SUITE 440  
City-St-Zip: HAUPPAUGE, NY 11788

Title: VSD ( ) Delete  
Name: REINECKE, MIKE G  
Address: 31 LAKE MIST DRIVE  
City-St-Zip: SUGAR LAND, TX 77479

Title: TD ( ) Delete  
Name: GOLDE, MICHAEL J  
Address: 888 VETERANS MEMORIAL HIGHWAY, SUITE 440  
City-St-Zip: HAUPPAUGE, NY 11788

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MIKE G. REINECKE

VSD

01/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date