

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000493

Entity Name: CSS ALLIANCE, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

1500 W CYPRESS CREEK RD.
STE 207
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

8066 E. FULTON ST.
ADA, MI 49301

New Mailing Address:

FEI Number: 06-1829938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANT, LUKE
1500 W CYPRESS CREEK RD.
STE 207
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

BURGER, JASON
1500 W CYPRESS CREEK RD.
STE 207
FT. LAUDERDALE, FL 33309 US

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: JASON BURGER

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: FRAIN, CHRISTOPHER
Address: 8066 E. FULTON ST
City-St-Zip: ADA, MI 49301

Title: PT () Delete
Name: FRAIN, CHRISTOPHER
Address: 8066 E. FULTON ST
City-St-Zip: ADA, MI 49301

Title: VSD () Delete
Name: SHAFFER, C. ANDREW
Address: 8066 E. FULTON ST
City-St-Zip: ADA, MI 49301

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 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: C. ANDREW SHAFFER

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date