

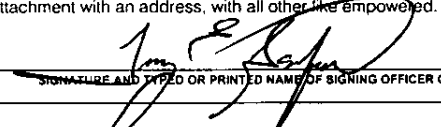


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90294 013 ***150.00

DOCUMENT # F96000000665 1. Entity Name CFS FUNERAL SERVICES, INC.					
Principal Place of Business 1900 ST JAMES PLACE, 4TH FLR HOUSTON, TX 77056			Mailing Address 1900 ST JAMES PLACE, 4TH FLR HOUSTON, TX 77056		
2. Principal Place of Business 3040 POST OAK BLVD Suite, Apt. #, etc. Suite 300 City & State HOUSTON TX Zip 77056		3. Mailing Address 3040 POST OAK BLVD Suite, Apt. #, etc. Suite 300 City & State HOUSTON TX 77056 Zip 77056			
Country USA		Country USA		04172006 Chg-P CR2E034 (11/05)	
4. FEI Number 76-0386580				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE PAYNE, MELVIN C 1900 ST JAMES PLACE, 4TH FLOOR HOUSTON, TX 77056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SIDUN, CHARLES D 1900 ST JAMES PLACE 4TH FL HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HARLOW, W CLARK 1900 ST JAMES PLACE, 4TH FLOOR HOUSTON, TX 77056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SAPORITO, JOSEPH 1900 ST JAMES PLACE, 4TH FLOOR HOUSTON, TX 77056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BENARD, JAMES J 1900 ST JAMES PLACE, 4TH FLOOR HOUSTON, TX 77056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC SANFORD, TERRY E 1900 ST JAMES PLACE, 4TH FLOOR HOUSTON, TX 77056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3040 POST OAK BLVD Suite 300				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SVP George J. Klug 3040 POST OAK BLVD Suite 300 HOUSTON TX 77056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP 3040 POST OAK BLVD Suite 300				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3040 POST OAK BLVD Suite 300				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3040 POST OAK BLVD Suite 300				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SVP/CC/T 3040 POST OAK BLVD Suite 300				
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:  TERRY E SANFORD 4/17/2006 713 332 8400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					