2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 Al Secretary of State

| DOCI | JMENT | #F97 | '00000 | 4362 |
|------|-------|------|--------|------|
|------|-------|------|--------|------|

Entity Name
 CDR SYSTEMS CORP.



Principal Place of Business

Mailing Address

146 S. ATLANTIC AVE ORMOND BEACH, FL 32176

146 S. ATLANTIC AVE ORMOND BEACH, FL 32176



| | | • | ٠ | | ~ ` | | | | *** | |
|---|---------------|-----|----------|------|-----|------------|--------|------------|------|--|
| | $\overline{}$ | | \sim - | - 1/ | | RITE | 1 h 1' | \sim | | |
| | , , | NI. | | | | <i>]</i> | | | -1.1 | |
| | | 141 | | • | | | | | | |
| _ | _ | | • | | | * 1 | | | | |

03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-1725669

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGRANE, EUGENE W JR. 146 S. ATLANTIC AVE ORMOND BCH, FL 32176

DO NOT WRITE IN THIS SPACE

| | The above named entity submits this statement for the purpose of char the obligations of registered agent. | nging its registered office or registered agent, or bott | h, in the State of Florida. | am familiar with, and accept |
|----|--|--|---|------------------------------|
| SI | GNATURE | <u> </u> | | |
| Ψ. | Signature, typed or printed name of registered agent and title # epplicable. | (NOTE: Registered Agent signature required when reinstating) | 111111111111111111111111111111111111111 | √ē39 . |

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees UUUU000894E39 A4/24/A8-8AA2D-AA5 150.80

10. OFFICERS AND DIRECTORS

TITLE PS

NAME MCGRANE, EUGENE W JR

STREET ADDRESS 146 S. ATLANTIC AVE

ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OF

3-10-08

(386) 615-9510

Daylims