

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005642

FILED
Mar 09, 2007
Secretary of State

Entity Name: CONTAINMENT SOLUTIONS, INC.

Current Principal Place of Business:

2400 AUGUSTA DR #340
HOUSTON, TX 77057

New Principal Place of Business:

Current Mailing Address:

2400 AUGUSTA DR #340
HOUSTON, TX 77057

New Mailing Address:

FEI Number: 76-0454639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: FINDLEY, R. CLAY
Address: 2 CLOVERGATE CIR.
City-St-Zip: THE WOODLANDS, TX 77382

Title: V () Delete
Name: YOUNG, PETER
Address: 603 HIGH STREET
City-St-Zip: WESTWOOD, MA 02090

Title: TD () Delete
Name: MAYNARD, TIMOTHY D
Address: 6705 E. 81ST STREET #195
City-St-Zip: TULSA, OK 74133

Title: SD () Delete
Name: SMITH, CATHY L
Address: 2400 AUGUSTA DR. #340
City-St-Zip: HOUSTON, TX 77057

Title: ASD () Delete
Name: BENNETT, ROBERT
Address: 2400 AUGUSTA DR. #340
City-St-Zip: HOUSTON, TX 77057

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:

Title: SD (X) Change () Addition
Name: CAMPBELL, CATHY L
Address: 2400 AUGUSTA DR. #340
City-St-Zip: HOUSTON, TX 77057

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: TIMOTHY D MAYNARD

TD

03/09/2007

Electronic Signature of Signing Officer or Director

_____ Date