2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43615

Entity Name: CENTRAL FLORIDA SURVEYS, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
379 W MICI SUITE 208						
ORLANDO,	, FL 32806	US				
Current Mailing Address:				New Mailing Address:		
379 W MICI SUITE 208 ORLANDO,		US				
FEI Number:	59-2305026	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LIVERNOISE, GERALD F 379 W MICHIGAN ST SUITE 208 ORLANDO, FL 32806 US				TUCKER, ARTHUR W 379 W MICHIGAN ST SUITE 208 ORLANDO, FL 32806 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: ARTHUR W. TUCKER						01/15/2009
	Electroni	c Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DV () CONKLIN, BRIST 1201 WASHINGT SANFORD, FL 3	FON DRIVE		Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	DV () PORTER, PAUL 1150 MOTORCO POLK CITY, FL	ACH DRIVE		Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	DVT () HOLMES, WILLI 543 CORNWALL WINTER PARK,	ROAD		Title: Name: Address: City-St-Zip:	HOLMES, W 543 CORNW	•
Title: Name: Address: City-St-Zip:	DP () I LIVERNOISE, GI 2920 HOFFNER ORLANDO, FL	ERALD F,		Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DVS () I TUCKER, ARTHU 8080 ILLINOIS A GROVELAND, FI	VE		Title: Name: Address: City-St-Zip:	TUCKER, AR 8080 ILLINO	
Title: Name: Address: City-St-Zip:	MONACO, ROBE	OROUGH AVE. # 304		Title: Name: Address: City-St-Zip:	MONACO, RO 6412 QUEEN	(X) Change () Addition OBERT W., IS BOROUGH AVE. # 304 -L 32835 US

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: ROBERT W. MONACO DVS 01/15/2009