2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # H78606 03-29-2006 90135 048 ***150.00 C & S MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 3026 CHRIS LANE 3026 CHRIS LANE ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-2579871 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAY M. WILSON 3026 CHRIS LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32806 City 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. (NOTE: Registered Agent aignature recurred when revisitating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE TIPLE Delete WILSON, JAY M. NAME NAME STREET ADDRESS 3026 CHRIS LANE STREET ADDRESS ORLANDO FL City-ST-ZIP CITY-ST-ZP ☐ Delete TITLE TITLE ☐ Addition WILSON, CAROL P. NAME NAME STREET ADDRESS 3026 CHRIS LANE STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ORLANDO FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY - ST - ZIP nne ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CTIV-SI-7P IIILE Detete ☐ Addition IIILE NAME NUME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP 12. I hereby certify that the information supplied with this Illing does not qualify for the exemptions contained in Section 119, Fiorida 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.

FILED

Mar 29, 2006 8:00 am