2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92979

FILED May 01, 2009 Secretary of State

Entity Name: C-A INFORMATION SYSTEMS, INC.

	rincipal Place of		New Principal Place	
05 N LAK RYSTAL	(E CIR . RIVER, FL 34429) US		
urrent N	lailing Address:		New Mailing Addres	s:
05 N LAK RYSTAL	KE CIR . RIVER, FL 34429	US		
El Number	: 59-2693186 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of Curr	ent Registered Agent:	Name and Address of	of New Registered Agent:
05 N LAK	O, ANTHONY KE CIR . RIVER, FL 34429	US		
he above the State	e named entity sub e of Florida.	mits this statement for the	purpose of changing its registere	ed office or registered agent, or both
he above the State IGNATUI	e of Florida.	mits this statement for the	purpose of changing its registere	ed office or registered agent, or both
the State	e of Florida. RE:	mits this statement for the Signature of Registered Ag		ed office or registered agent, or both Date
the State	e of Florida. RE: Electronic Soce with s. 607.193(2)	Signature of Registered Ag	gent	
the State IGNATUI accordan ection Car	e of Florida. RE: Electronic Soce with s. 607.193(2)	Signature of Registered Ag (b), F.S., the corporation did n ust Fund Contribution ().	gent not receive the prior notice.	
the State IGNATUI accordan ection Car	e of Florida. RE: Electronic Solution (2) Box (193(2)) Box (193(2)) Box (193(2)) Box (193(2)) Box (193(2))	Signature of Registered Ag (b), F.S., the corporation did n ust Fund Contribution (). RS: ete	gent not receive the prior notice.	Date
accordan ection Car FFICER tle: ame: ddress:	e of Florida. RE: Electronic Solice with s. 607.193(2): mpaign Financing Tra S AND DIRECTO: PD () Del ARDOLINO, TONY 605 N LAKE CIR	Signature of Registered Ag (b), F.S., the corporation did n ust Fund Contribution (). RS: ete L 34429 ete EER M	pent not receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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: JENNIFER ARDOLINO VD 05/01/2009