

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000076766

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Entity Name:** CORPORATE PROFIT SOLUTIONS, LLC

**Current Principal Place of Business:**

115 TIMBERLACHEN CIRCLE, SUITE 2015  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

115 TIMBERLACHEN CIRCLE, SUITE 2015  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 87-0779006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACKBURN, ROBERT L  
115 TIMBERLACHEN CIRCLE, SUITE 2015  
LAKE MARY, FL 32746 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BLACKBURN, ROBERT L  
**Address:** 404 CYPRESS KNEE LANE  
**City-St-Zip:** LAKE MARY, FL 32746

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT L. BLACKBURN

MGRM

04/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date