

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M91610

FILED
Jan 29, 2009
Secretary of State

Entity Name: CUSTOMER SATISFACTION SYSTEMS, INC.

Current Principal Place of Business:

% PAUL J. FUNK
4362 REEVES RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

% PAUL J. FUNK
4362 REEVES RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2907290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUNK, PAUL J PRES
4362 REEVES ROAD
NEW PORT RICHEY, FL 34652 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: DPS () Delete
Name: FUNK, PAUL J.,
Address: 4362 REEVES ROAD
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL J. FUNK

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date