2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004728

Entity Name: CSI OF PENSACOLA, INC.

FILED Feb 26, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|--|---|--------------------------------|-----------|---|--|---|
| | | | | · | | |
| P.O. BOX 12872 PENSACOLA, FL 32591 Current Mailing Address: | | | | 5507 GRANDE LAGOON CT. PENSACOLA, FL 32507 New Mailing Address: | | |
| | | | | | | |
| FEI Number | : 47-0890292 | FEI Number Applied For() | FEI Nur | nber Not App | licable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| WOOLFORD, VICKI 5690 BALDERAS AVE PENSACOLA, FL 32507 US | | | | GRIMES, DARIUS 1801 WINDIND CREEK CR. CANTONMENT, FL 32533 US | | |
| | e named entity e of Florida. | submits this statement for the | purpose c | of changing i | its registered | d office or registered agent, or both, |
| SIGNATURE: DARIUS GRIMES | | | | 02/26/2007 | | |
| | Electror | nic Signature of Registered Ag | ent | | | Date |
| OFFICER | S AND DIREC | TORS: | | ADDITION | NS/CHANGE | ES TO OFFICERS AND DIRECTORS |
| Title: Name: Address: City-St-Zip: | T (KRAUSS, JAKE 6706 LILLIAN F PENSACOLA, I | ·WY | | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: Name: Address: City-St-Zip: | PD (WOOLFORD, V 5690 BALDER/ PENSACOLA, I | AS AVE | | Title: Name: Address: City-St-Zip: | GRIMES, DA 1801 WINDII | (X) Change()Addition ARIUS NG CREEK CR. NT, FL 32533 |
| Title: Name: Address: City-St-Zip: | D (MERRITT, CHII 3910 DAVIS H\ PENSACOLA, I | VY | | Title: Name: Address: City-St-Zip: | D WOOLFORE 5690 BALDE PENSACOLA | ERAS AVE. |
| Title: Name: Address: City-St-Zip: | V (CARSTENS, BI P.O. BOX 1287 PENSACOLA, I | 2 | | Title: Name: Address: City-St-Zip: | V SENKARIK, P.O. BOX 12 PENSACOLA | 2872 |
| Title: Name: Address: City-St-Zip: | S (CAMPBELL, W P O BOX 1558 GULF BREEZE | | | Title: Name: Address: City-St-Zip: | MIDDLETON | DE LAGOON CT. |
| Title: Name: Address: City-St-Zip: | V (NORTHIP, LAR P O BOX 1260 PENSACOLA I | 3 | | Title: Name: Address: City-St-Zip: | | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA B MIDDLETON S 02/26/2007