


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # N04000001436 1. Entity Name COMMUNITY SOLUTIONS NETWORK, INC.	
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Principal Place of Business 2419 N.E. 8TH AVENUE GAINESVILLE, FL 32641	Mailing Address P. O. BOX 2683 GAINESVILLE, FL 32602
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04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MILES HAMILTON, JUANITA 2419 N.E. 8TH AVENUE GAINESVILLE, FL 32602
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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.

SIGNATURE *Juanita Miles Hamilton* DATE *4/27/06*  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILES HAMILTON, JUANITA 2419 N. E. 8TH AVENUE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCFADDEN, CHERYL 1534 S.E. 12TH PLACE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARY C 1112 N.W. 7TH AVENUE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL, DERRICK R 2440 N. W. 54TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYS, OZZIE M 1112 N. W. 7TH AVENUE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000549257  
 05/13/06-80013-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl McFadden* DATE *4/27/06* 352.538.6502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #