2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005
Secretary of State

DOCUMENT# N04000002054

Entity Name: COMMUNITY DEVELOPMENTAL SERVICES, INC.

Current Principal Place of Business:

2023 JOHN HENRY CIRCLE #425
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2023 JOHN HENRY CIRCLE #425
APOPKA, FL 32703

New Mailing Address:

FEI Number: 86-1094255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, ANTHONY
2023 JOHN HENRY CIRCLE #425
APOPKA, FL 32703 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, ANTHONY
Address: 2023 JOHN HENRY CIRCLE #425
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: CLARK, STUART
Address: 4427 BEAUMONT DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete
Name: SCARBOROUGH, TAMMY
Address: 1000 ROYAL MARQUIS CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: RANU, KHAAZRAH M
Address: 7328 WOODBRIDGE PARK DRIVE #1-109
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: RIETTIE, RON
Address: 630 MONICA ROSE DRIVE #1722
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY SMITH PRES 05/10/2005

Electronic Signature of Signing Officer or Director — Date