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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000004759

1. Entity Name
COMMUNITY OUTREACH SUPPORT AND SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
12 B STREET PLANT CITY, FL 33566 US	P.O. BOX 290873 TAMPA, FL 33687 US

04052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business : No P.O. Box #	3. Mailing Address
11500 Summit West Blvd	PO Box 290873
Suite, Apt. #, etc.: 38C	Suite, Apt. #, etc.:
City & State: Tampa FL	City & State: Tampa FL
Zip: 33617 Country: U.S.	Zip: 33687 Country: US

4. FEI Number 35-2302168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CERTELLI, RENEE 12 B STREET PLANT CITY, FL 33566	Name: Paula Lopez Street Address (P.O. Box Number is Not Acceptable): 11500 Summit West Blvd # 38C City: Tampa FL Zip Code: 33617

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: Paula Lopez 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOPEZ, PAULA P.O. BOX 290873 TAMPA, FL 33687	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Lopez, Paula 11500 Summit W Blvd # 38C Tampa, FL 33617	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CERTELLI, RENEE 12 B STREET PLANT CITY, FL 33566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Lewis, Michael A. 1810 14th Ave Tampa, Fla 33610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAI WILSON, STEVE 915 E. WARREN STREET PLANT CITY, FL 33566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Paula Lopez 4/30/07 813 325-4401
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #