2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2011
Secretary of State

DOCUMENT# N08000010157

Entity Name: CFGIS WORKSHOP, INC.

Current Principal Place of Business:

1545 TWIN OAKS CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 622166
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 26-3696841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, ALBERT E JR.
1545 TWIN OAKS CIRCLE
OVIEDO, FL 32765 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
Name: HILL, ALBERT E JR.
Address: 1545 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: BOUROVA, STANIMIRA
Address: 390 LYNN STREET
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: CHURCH, NANCY R
Address: 1010 W BLUE SPRINGS AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: D
Name: SANKARAN, LAKSHMI
Address: 743 MUSAGO RUN
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: LYNCH, DOUGLAS
Address: 1024 WINDSWEPT CT
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: STANIMIRA BOUROVA D 04/08/2011

Electronic Signature of Signing Officer or Director — Date