

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008459

Entity Name: CSOLS INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

220 CONTINENTAL DRIVE
SUITE 405
NEWARK, DE 19713 US

Current Mailing Address:

220 CONTINENTAL DRIVE
SUITE 405
NEWARK, DE 19713 US

New Principal Place of Business:

131 CONTINENTAL DRIVE
SUITE 303
NEWARK, DE 19713 US

New Mailing Address:

131 CONTINENTAL DRIVE
SUITE 303
NEWARK, DE 19713 US

FEI Number: 59-3625738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDUFFIE, KYLE
7600 SOUTHLAND BLVD, SUITE 100
ORLANDO, FL 32809 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDUFFIE, KYLE
Address: 7600 SOUTHLAND BLVD SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: VD () Delete
Name: AHMED, SANDRA L MRS
Address: 7600 SOUTHLAND BLVD SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: ST () Delete
Name: TEPEN, AMY
Address: 220 CONTINENTAL DR., STE 405
City-St-Zip: NEWARK, DE 19713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: CASTLE, JOAN
Address: 131 CONTINENTAL DR., STE 303
City-St-Zip: NEWARK, DE 19713

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN CASTLE

ST

04/24/2006

Electronic Signature of Signing Officer or Director

Date