

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025824

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** CONTRACTOR'S EDUCATION SOURCE, INC.

**Current Principal Place of Business:**

1127 HIGH RIDGE ROAD, #140  
STAMFORD, CT 069051203

**New Principal Place of Business:**

**Current Mailing Address:**

1127 HIGH RIDGE ROAD, #140  
STAMFORD, CT 069051203

**New Mailing Address:**

**FEI Number:** 59-3631438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGLIANO, JOHN J  
201 NORTH FRANKLIN STREET  
ONE TAMPA CITY CENTER, SUITE 2600  
TAMPA, FL 33602 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: DPS ( ) Delete  
Name: LLAUGET, KIMBERLY L  
Address: #140, 1127 HIGH RIDGE RD.  
City-St-Zip: STAMFORD, CT 06905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** KIMBERLY L. LLAUGET

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04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date