2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # P00000040512** 04-26-2007 90233 043 ***150.00 1. Entity Name COMPREHENSIVE RES. SUPPORT SERVICES INC. 4000400~ Principal Place of Business Mailing Address 81 GLENN WEST RD 81 GLENN WEST RD MONTICELLO, FL 32344 MONTICELLO, FL 32344 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 04202007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3532667 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYFORD, SARAH Street Address (P.O. Box Number is Not Acceptable) 81 GLENN:WEST RD MONTICELLO, FL 32344 City Zip Code 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. 4-25-07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE LS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Change ■ Addition NAME BYFORD, SARAH NAME STREET ADDRESS 81 GLENN WEST RD STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP TITLE ☐ Delete TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, 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.

FIGER OR DIRECTOR

FILED