

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052224

Entity Name: CSO SYSTEMS, INC.

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

4251 N. WASHINGTON BLVD., STE. C-5
SARASOTA, FL 34234

New Principal Place of Business:

4139 NORTH WASHINGTON BOULEVARD
SARASOTA, FL 34234

Current Mailing Address:

4251 N. WASHINGTON BLVD., STE. C-5
SARASOTA, FL 34234

New Mailing Address:

4139 NORTH WASHINGTON BOULEVARD
SARASOTA, FL 34234

FEI Number: 65-1011932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALLUZZI, LAWRENCE M
4251 N. WASHINGTON BLVD., STE. C-5
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

CAVALLUZZI, LAWRENCE M
4139 NORTH WASHINGTON BOULEVARD
SARASOTA, FL 34234 US

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: LARRY CAVALLUZZI

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAVALLUZZI, LAWRENCE M
Address: 4251 N. WASHINGTON BLVD., STE. C-5
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: STUART, WILLIAM TODD
Address: 4251 N. WASHINGTON BLVD., STE. C-5
City-St-Zip: SARASOTA, FL 34234

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: CAVALLUZZI, LAWRENCE M
Address: 4139 NORTH WASHINGTON BOULEVARD
City-St-Zip: SARASOTA, FL 34234

Title: MGR (X) Change () Addition
Name: STUART, WILLIAM T
Address: 4139 NORTH WASHINGTON BOULEVARD
City-St-Zip: SARASOTA, FL 34234

Title: MGR () Change (X) Addition
Name: CAVALLUZZI, HAILY
Address: 4139 NORTH WASHINGTON BLVD.
City-St-Zip: SARASOTA, FL 34234

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: HAILY CAVALLUZZI

MGR

01/16/2008

Electronic Signature of Signing Officer or Director

Date