2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P00000093508

Entity Name: CSP & ASSOC. INC.

Current Principal Place of Business:

2244 SE FEDERAL HIGHWAY
SUITE 164
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P O BOX 310
HOBESOUND, FL 33475

New Mailing Address:

FEI Number: 65-1045683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, L A
2244 SE FEDERAL HWY,
SUITE 164
STUART, FL 34994 US

Name and Address of New Registered Agent:

POWELL, L A
5108 SE SWEETBRIER TERRACE
HOBE SOUND, FL 33475 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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POWELL, C S
Address: P O BOX 310
City-St-Zip: HOBESOUND, FL 33475

Title: D ( ) Delete
Name: POWELL, L A
Address: P O BOX 310
City-St-Zip: HOBESOUND, FL 33475

Title: D ( ) Delete
Name: POWELL, G A
Address: P O BOX 530511
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: L. A. POWELL MS 04/24/2009
Electronic Signature of Signing Officer or Director — Date