2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018992

City-St-Zip:

LARGO, FL 33677

FILED Apr 08, 2006 Secretary of State

Entity Name: CSO INDUSTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3111 W. DR. M.L.KING JR. BLVD. SUITE 100 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 3111 W. DR. M.L.KING JR. BLVD. SUITE 100 TAMPA, FL 33607 FEI Number: 59-3736201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OWENS, CHARLES S III 3111 W. DR. M.L.KING JR. BLVD. SUITE 100 TAMPA, FL 33607 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition OWENS, CHARLES S III OWENS, CHARLES S III Name: Name: P.O. BOX 15509 2787 ENTERPRISE RD EAST #12 Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759 Title: Title: () Delete (X) Change () Addition Name: OWENS, DOROTHY K Name: OWENS, DOROTHY K 2787 ENTERPRISE RD EAST #12 P.O. BOX 15509 Address: Address: CLEARWATER, FL 33759 City-St-Zip: City-St-Zip: CLEARWATER, FL 33759 Title: (X) Change () Addition Title: () Delete D OWENS, KATHY M OWENS, KATHY M Name: Name: 7501 142ND AVE #410 P.O. BOX 15509 Address: Address:

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.

City-St-Zip:

CLEARWATER, FL 33759

SIGNATURE: CHARLES S. OWENS III 04/08/2006 D