## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000018992

FILED May 23, 2007 Secretary of State

Entity Nan	ne: CSO IND	USTRIES, INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
3111 W. DI SUITE 100 TAMPA, FL	R. M.L.KING J . 33607	R. BLVD.			
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
3111 W. DI SUITE 100 TAMPA, FL	R. M.L.KING J . 33607	R. BLVD.			
FEI Number:	59-3736201	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
3111 W. DI SUITE 100	CHARLES S III R. M.L.KING J . 33607 US	R. BLVD.			
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () OWENS, CHAR P.O. BOX 1550 CLEARWATER	9	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X) OWENS, DORC P.O. BOX 1550 CLEARWATER	9	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES S. OWENS III D 05/23/2007

( ) Delete

OWENS, KATHY M

CLEARWATER, FL 33759

P.O. BOX 15509

Title:

Name:

Address:

City-St-Zip:

() Change () Addition