2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045750

Entity Name: CUSTOM VENDING SOLUTIONS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1640 N. HERCULES AVE. SUITE H CLEARWATER, FL 33765

Current Mailing Address: New Mailing Address:

1640 N. HERCULES AVE. SUITE H CLEARWATER, FL 33765

FEI Number: 59-5716602 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:

P&P COMPANIES, INC.

5128 PERENNIAL DR.

HOLIDAY, FL 34690 US

P&P COMPANIES, INC.

8235 LEO KIDD BLVD.

PORT RICHEY, FL 34668 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: BOB OROSZ 04/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition Name: GARZON VEGA, LUIS M Name: OROSZ, SANDY Address: 260 SCARLET BOULEVARD Address: 5306 FRONTIER DR.

260 SCARLET BOULEVARD
OLDSMAR, FL 34677
Address: 5306 FRONTIER DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: SEC () Delete Title: SEC (X) Change () Addition Name: OROSZ, BOB D Name: HOLLER, NICOLE C

 Name:
 OROSZ, BOB D
 Name:
 HOLLER, NICOLE C

 Address:
 5306 FRONTIER DR.
 Address:
 5128 PERENNIAL DR.

 City-St-Zip:
 ZEPHYRHILLS, FL 33540
 City-St-Zip:
 HOLIDAY, FL 34690

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: SANDY OROSZ PSD 04/14/2009