2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

FILED Feb 09, 2004 08:00 AM DOCUMENT # P02000018269 **Secretary of State** 1. Entity Name CORPORATE SOLUTIONS GROUP INTERNATIONAL, INC. Principal Place of Business Mailing Address 2577 DOLLY BAY DR S-306 2577 DOLLY BAY DR S-306 PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 04-3611067 Not Applicable Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHURCHILL, PAUL Street Address (P.O. Box Number Is Not Acceptable) 2577 DOLLÝ BAY DR S-306 PALM HARBOR FL 34684 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required which reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. PD ☐ Delete ☐ Change ☐ Addition TITLE TITLE CHURCHILL, PAUL NAME NAME U00000040743 2577 DOLLY BAY DR S-306 STREET ADDRESS STREET ADDRESS ŭ2/09/04-80060-010 150.00 CITY - ST - 71P PALM HARBOR FL 34684 C(TY-S1-7)F ☐ Delete ☐ Addition THE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-S1-21P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

Paul R. Churchill