

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 042 ***150.00

DOCUMENT # P03000035876

1. Entity Name
CONSUMER SAVINGS DIRECT, INC.



Principal Place of Business
**1016 COLLIER CENTER WAY
SUITE 103
NAPLES, FL 34110**

Mailing Address
**1016 COLLIER CENTER WAY
SUITE 103
NAPLES, FL 34110**

40005555



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONNORS, MICHAEL J
1016 COLLIER CENTER WAY
SUITE 103
NAPLES, FL 34110**

**DO NOT WRITE
IN THIS SPACE**

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, worded or worded of registered agent and title. (If not, Registered Agent signature required when not sign) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P CONNORS, MICHAEL J 1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY ST ZIP	SECY ALVES, TRACY 315 PARK AVENUE, STE 200 PORTLAND, ME 04102
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with a copy of the report.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Connors 1/13/06 239 254 0125
President