2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041000

1. Entity Name
COLLECTIBLE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
650 COVENTRY CT. *LONGWOOD, FL 32750*	PO BOX 521293 LONGWOOD, FL 32752-1293

DO NOT WRITE IN THIS SPACE

04252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0826299	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERBUSCH, SUSAN M ESQ.
801 INTERNATIONAL PARKWAY, 5TH FLOOR
LAKE MARY, FL 32746

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000749912
05/18/07-80042-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BECKER, ROBERT
STREET ADDRESS	650 COVENTRY CT.
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _Robert Becker_   Robert Becker   4/25/07   407-873-1426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #