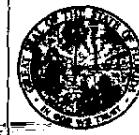


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000064395

1. Entity Name
CNS BUSINESS SOLUTIONS, INC.



Principal Place of Business
4927 TRINIDAD DRIVE
N/A
LAND O' LAKES, FL 34639

Mailing Address
P.O. BOX 7736
N/A
WESLEY CHAPEL, FL 33544

**FILED
Apr 20, 2005 08:00 AM
Secretary of State**



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0133093	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERTS, CINDY L CFO
4927 TRINIDAD DRIVE
N/A
LAND O' LAKES, FL 34639

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000319415
04/20/05-80088-001 150.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROBERTS, CINDY L CFO
STREET ADDRESS 4927 TRINIDAD DRIVE
CITY-ST-ZIP LAND O' LAKES, FL 34639

TITLE D
NAME ROBERTS, STEVEN D PRES
STREET ADDRESS 4927 TRINIDAD DRIVE
CITY-ST-ZIP LAND O' LAKES, FL 34639

TITLE D
NAME PHELPS, JR., DONALD VP
STREET ADDRESS 6008 CAROLINE DRIVE
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cindy L. Roberts* **4/15/05 813-991-9252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #