2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072275

FILED Aug 26, 2004 Secretary of State

Entity Name: COMMERCIAL DEVELOPMENT SOLUTIONS, INC.					
Current Principal Place of Business:				New Principal Place of Business:	
6023 DOE (LAKELAND					
Current Mailing Address:				New Mailing Address:	
6023 DOE CIRCLE E LAKELAND, FL 33809			5337 NORTH SOCRUM LOOP ROAD		
			#312 LAKELAND, FL 33809		
FEI Number:	11-3695074	FEI Number Applied For ()	FEI Nun	mber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
OWNES, SANDRA 6023 DOE CIRCLE E LAKELAND, FL 33809				OWENS, SANDRA 6023 DOE CIRCLE E LAKELAND, FL 33809	
The above in the State		ubmits this statement for the p	urpose o	f changing its registere	ed office or registered agent, or both,
SIGNATURE: SANDRA OWENS				08/26/2004	
	Electron	ic Signature of Registered Age	nt		Date
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPS () OWENS, SANDI 6023 DOE CIRC LAKELAND, FL	LE E		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DVT () OWENS, RICHA 6023 DOE CIRC LAKELAND, FL	LE E		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA L. OWENS **DPS** 08/26/2004