

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90032 006 \*\*\*163.75

DOCUMENT # P03000089677  
 1. Entity Name  
 CSIP CONSULTING, INC.



Principal Place of Business *11 Center Rd.* Mailing Address *# 937*  
~~7715 INDIAN RIDGE TRAIL~~ P.O. BOX ~~470025~~  
~~KISSIMMEE FL 34747~~ CELEBRATION FL ~~34747~~  
*Palmetto 34221* *ELLEnton 34222*



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc. *11 Center Rd.*  
 City & State *PALMETTO FL*

3. Mailing Address  
 Suite, Apt. #, etc. *P.O. Box # 937*  
 City & State *ELLENTON, FL*

1st MOORE CR2E034 (10/07)

4. FEI Number *03-0526160*

Applied For  
 Not Applicable

5. Certificate of Status Desired  *34221* Country *MANATEE*  
*34222* Country *MANATEE*

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HABER, LAWRENCE H ESQ.  
 800 CELEBRATION AVE  
 STE 227  
 CELEBRATION FL 34747

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City *FL* 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	DPT SMITH, CINDY L 1030 ELIZABETH RIDGE CT KISSIMMEE FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEAS, SUSAN 395 CRUISERS DR POLK CITY FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Cindy L. Smith 11 Center Rd. PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cindy L. Smith* *3/17/08* *863-236-0029*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period