


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90223 002 \*\*\*150.00

<b>DOCUMENT # P04000023836</b>	
1. Entity Name <b>CSUK, INC.</b>	

Principal Place of Business <b>301 N. CATTLEMAN ROAD, SUITE 205 SARASOTA FL 34232</b>	Mailing Address <b>301 N. CATTLEMAN ROAD, SUITE 205 SARASOTA FL 34232</b>
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2. Principal Place of Business <b>307 NE 4TH AVE</b> Suite, Apt. #, etc. <b>N/A</b> City & State <b>CRYSTAL RIVER, FLORIDA</b> Zip <b>34429</b> Country <b>CITRUS</b>	3. Mailing Address <b>307 NE 4TH AVE</b> Suite, Apt. #, etc. <b>N/A</b> City & State <b>CRYSTAL RIVER, FLORIDA</b> Zip <b>34429</b> Country <b>CITRUS</b>
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1st MOORE CR2E034 (10/04)

4. FEI Number <b>41-2126648</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BROWN, ROBERT VICTOR 301 N. CATTLEMAN ROAD, SUITE 205 SARASOTA FL 34232</b>	
7. Name and Address of New Registered Agent Name <b>BROWN, ROBERT VICTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>307 NE 4TH AVE</b> City <b>CRYSTAL RIVER</b> FL Zip Code <b>34429</b>	


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  **BROWN, ROBERT VICTOR** VD **4/21/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, STEVEN HENRY 301 N. CATTLEMAN ROAD, SUITE 205 SARASOTA FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BROWN, STEVEN HENRY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>307 NE 4TH AVE</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, ROBERT VICTOR 301 N. CATTLEMAN ROAD, SUITE 205 SARASOTA FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BROWN, ROBERT VICTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>307 NE 4TH AVE</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  **BROWN, ROBERT VICTOR** **4/21/05** **352-795-4848**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #