

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078335

FILED
Apr 29, 2008
Secretary of State

Entity Name: CPS CONTROL SYSTEMS, INC.

Current Principal Place of Business:

6640 WILLOW PARK DR.
SUITE B
NAPLES, FL 34109

New Principal Place of Business:

3209 BENICIA CT
NAPLES, FL 34109

Current Mailing Address:

6640 WILLOW PARK DR.
SUITE B
NAPLES, FL 34109

New Mailing Address:

3209 BENICIA CT
NAPLES, FL 34109

FEI Number: 68-0585815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUME, CRAIG D ESQ
800 HARBOUR DRIVE SUITE 5
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GEOFFREY COURTRIGHT
3209 BENICIA CT
NAPLES, FL 34109 US

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.

SIGNATURE: GEOFFREY COURTRIGHT

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COURTRIGHT, GEOFFREY
Address: 4375 DOVER CT UNIT #104
City-St-Zip: NAPLES, FL 34105

Title: D (X) Delete
Name: LEE, KEN
Address: 5210 MEADVILLE STREET
City-St-Zip: GREENWOOD, MN 55331

Title: VP (X) Delete
Name: KLINK, ROBERT
Address: 2661 6TH ST NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COURTRIGHT, GEOFFREY
Address: 3209 BENICIA CT
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GEOFFREY COURTRIGHT

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date