

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153316

Entity Name: CONTROL SYSTEMS, INC.

FILED
May 03, 2009
Secretary of State

Current Principal Place of Business:

9063 GETTIE DR
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

6252 COMMERCIAL WY
106
WEEKI-WACHEE, FL 34613

New Mailing Address:

439 CASTLETON AVE
STATEN ISLAND, NY 10301

FEI Number: 02-0733512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, TIM
6252 COMMERCIAL WY
WEEKIE WACHEE, FL 34613 US

Name and Address of New Registered Agent:

WALSH, TIM J
6252 COMMERCIAL WAY
#106
WEEKI WACHEE, FL 34613 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: TIM WALSH

05/03/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALSH, TIM
Address: 6252 COMMERCIAL WY # 106
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WALSH, TIM
Address: 439 CASTLETON AVE
City-St-Zip: STATEN ISLAND, NY 10301

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: TIM WALSH

PRES

05/03/2009

Electronic Signature of Signing Officer or Director

Date