

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154225

FILED  
Sep 13, 2011  
Secretary of State

**Entity Name:** COMPLETE DESIGN SOLUTIONS, INC.

**Current Principal Place of Business:**

11681 OAK AVE  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

11125 PARK BLVD  
104-271  
SEMINOLE, FL 33772 US

**New Mailing Address:**

**FEI Number:** 20-1877426      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILBERT, KATHY D  
11681 OAK AVENUE  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GILBERT, KATHY D  
Address: 11681 OAK AVENUE  
City-St-Zip: SEMINOLE, FL 33772 US

Title: VP  
Name: HENSON, CARLA L  
Address: 1335 EBLEN LANE  
City-St-Zip: LENOIR CITY, TN 37771 US

Title: S  
Name: HENSON, JOSEPH C  
Address: 1335 EBLEN LANE  
City-St-Zip: LENOIR CITY, FL 37771 US

Title: T  
Name: GILBERT, MICHAEL A  
Address: 11681 OAK AVENUE  
City-St-Zip: SEMINOLE, FL 33772 US

I hereby 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 all other like empowered.

SIGNATURE: KATHY GILBERT

P

09/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date