## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2006 08:00 AM Secretary of State

ANNOAL REPORT					Secret	tary of State
DOCU	MENT # P0400016673	6 W 20		Beere	iary or State	
1. Eatity Name				1		
CORPORATE TECHNOLOGY SOLUTIONS, INC.						
			100			
Principal Plac	ce of Business N	ailing Address	<u></u>	1		
10330 CHE	DOAK DRIVE, 869.300	POST OFFICE BOX 43113				
JACKSONVIL	LE, FL 32218 - 1	ACKSONVILLE, FL 32203				
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L	OO NOT WRITE II	CE	4. FEI Numb	er	Applied For	
				20-202	4254	Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	5. Name and Address of Current Regis	stered Agent	<u> </u>			7 CO TEMPOROU
	RNOLD H. ARKER & NUSSBAUM		DO	NOT W	RITE	
334 EAST DUVAL STREET			}	thi -	riue en	A C E
JACKSONVILLE, FL 32202				HV	THIS SP	ACE
8. The above	named entity submits this statement for the	ourpose of changing its registers	ed office or registe	red agent, or bo	th, in the State of Flori	ida. ( am familiar with, and accep
the obligat	tions of registered agent.					
SIGNATURE Signature typed or printed name of registered eyent and title if applicable thirds: Pagistaria Ap				- to a second second		DATE
	Salar Sa	( To L registres	a regard and salare reduced	THE WILLIAM CONTRIBUTED		PATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Final				00 мау Ве		
After May 1, 2006 Fee will be \$550.00		Trust Fund Contribution.	LJ AGO	Added to Fees		
18.	OFFICERS AND DIRE	CTORS				
TITLE NAME	P BRADBERRY, MICHAEL					
STREET ADDRESS	10330 CHEDOAK DRIVE, BLOG.			Uaaaaa	435482	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		(		02/25/06-	435482 80043-017 150.00
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NAME			}			
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12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes I further certify that the information indicated on this report or supplemental report is true and data 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 tusted empowered to execute this report as required by Chapter 807, 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:

TITLE
NAME
STREET AGGRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

1-9-06

904-765-5669

904 482-0767