2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# P05000075990

Entity Name: CUSTOMIZED SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6051 S.R. 640 W.
BARTOW, FL 33830

New Principal Place of Business:

1417 N.E. 1ST STREET
MULBERRY, FL 33860

Current Mailing Address:

P.O. BOX 5546
LAKELAND, FL 33807

New Mailing Address:

P.O. BOX 890
MULBERRY, FL 33860

FEI Number: 03-0561706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNELL, CHRISTOPHER S
2105 NICHOLS RD.
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

CONNELL, HARVEY J
1417 N.E. 1ST STREET
MULBERRY, FL 33860 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: HARVEY J. CONNELL 08/31/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONNELL, CHRISTOPHER S
Address: 2105 NICHOLS RD
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CONNELL, HARVEY J
Address: 1417 N.E. 1ST STREET
City-St-Zip: MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify for the 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: HARVEY J. CONNELL D 08/31/2006
Electronic Signature of Signing Officer or Director Date