2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092504

- 444 **N**

Entity Name: CONTRACT BUSINESS SOLUTIONS, INC.

FILED Apr 30, 2007 Secretary of State

	rincipal Place	of Business:	New Principal Place	of Business:
111 PINEC PENSACC	DA AVE. DLA, FL 32503			
Current Mailing Address:			New Mailing Address:	
111 PINEC PENSACC	DA AVE. DLA, FL 32503			
FEI Number:	: 20-3267064	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
111 PINEC	N, BRENDA F DA AVE. DLA, FL 32503	US		
	named entity so of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI				
Flaction Co.		c Signature of Registered Age	ent	Date
Election Cai	mnaian Einanaina	Truct Fund Contribution ()		
OFFICERS	npaign Financing S AND DIRECT	Trust Fund Contribution ().	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Title: Name: Address:	S AND DIRECT	ORS: Delete NDA F E.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS () Change () Addition
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECT D () I JOHNSON, BREI 111 PINEDA AVE PENSACOLA, FL	CORS: Delete NDA F E 32503 US Delete A L E.	Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () I JOHNSON, BREI 111 PINEDA AVE PENSACOLA, FL D () I SMITH, KATRYN 4021 N. 8TH AVE PENSACOLA, FL	CORS: Delete NDA F E 32503 US Delete A L E 32503 US	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

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: BRENDA F JOHNSON DIR 04/30/2007