2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # P07000041873** 04-21-2008 90063 022 ***158.75 COMPREHENSIVE SMALL BUSINESS SERVICES, INC. Mailing Address Principal Place of Business 4531 43RD AVENUE NORTH 4531 43RD AVENUE NORTH ST. PETERSBURG, FL 33714 US ST. PETERSBURG, FL 33714 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 01-08909 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUSTIN, LEONARD A Street Address (P.O. Box Number is Not Acceptable) 4531 43RD AVENUE NORTH ST. PETERSBURG, FL 33714 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change Addition TITLE AUSTIN, LEONARD A NAME NAME 4531 43RD AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33714 CITY-ST-ZIP ■ Addition TRE. □ Delete TITLE ☐ Change TITLE AUSTIN, LEONARD A MARKE 4531 43RD AVENUE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33714 CITY-ST-ZIP CITY-ST-ZIP TITLE SEC. ☐ Delete TITLE ☐ Change ☐ Addition AUSTIN, LEONARD A NAME STREET ADDRESS 4531 43RD AVENUE NORTH STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ST. PETERSBURG, FL 33714 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE

12. I hereby certify that the information supplied with this lifting 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 accurate and that 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATIBE

WALL

777-572-8287

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP

4-17-2008

127-522-8287

FILED