



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90195 030 ***550.00

DOCUMENT # P07000092536					
1. Entity Name CTSM, INC					
Principal Place of Business 2628 CLIPPER SHIP WAY SARASOTA, FL 34231 US			Mailing Address 2628 CLIPPER SHIP WAY SARASOTA, FL 34231 US		
2. Principal Place of Business - No P.O. Box # <i>4437 South Tamiami Trail</i>		3. Mailing Address <i>4437 South Tamiami Trail</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282008 Chg-P CR2E034 (12/06)	
City & State <i>Sarasota FL</i>		City & State <i>Sarasota FL</i>		4. FEI Number <i>26-0755546</i>	
Zip <i>34231</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATKINS, LINDA 2628 CLIPPER SHIP WAY SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name <i>Benjamin Atkins</i> Street Address (P.O. Box Number is Not Acceptable) <i>4916 THAMES LN</i> City <i>SARASOTA</i> FL Zip Code <i>34239</i>		
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 <i>Linda Atkins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>5/23/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ATKINS, BENJAMIN H 5415 SYCAMORE LANE NORTH PLYMOUTH, MN 55442 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4916 Thames Lane</i> <i>Sarasota FL 34238</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Benjamin H. Atkins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>Benjamin H. Atkins</i> President Date <i>5/23/08</i> Daytime Phone # <i>941-923-1223</i>	