

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000094153

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL GROWTH STRATEGIES, INC.

**Current Principal Place of Business:**

377 THORNBERG DRIVE  
SUITE 101  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14691  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 27-1475522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHINER, THOMAS H MR  
377 THORNBERG DRIVE  
SUITE #101  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHINER, THOMAS H MR  
Address: 377 THORNBERG DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP  
Name: SHINER, BRENDA H MRS  
Address: 377 THORNBERG DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS H SHINER

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date