


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P24122 1. Entity Name CAREER SYSTEMS DEVELOPMENT CORPORATION	
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Principal Place of Business 75 THRUWAY PARK DR SUITE 100 WEST HENRIETTA, NY 14586	Mailing Address 75 THRUWAY PARK DR SUITE 100 WEST HENRIETTA, NY 14586
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04212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1230731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

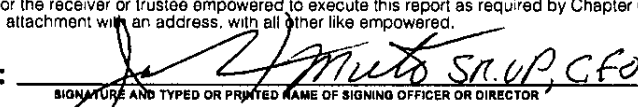
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP BURDEN, GREG CEO, COO 2465 CAMPUS DRIVE IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO MUTO, JOHN F. 75 THRUWAY PARK DR., STE. #100 WEST HENRIETTA, NY 14586
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS REYNOLDS, ALAN J 75 THRUWAY PARK DR., STE. 100 WEST HENRIETTA, NY 14586
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEASTROM, STEPHEN E 2465 CAMPUS DR. IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date: 4/26/07 Daytime Phone #: 585-835-7650