2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057462

Current Mailing Address:

Entity Name: CITY REPORTING SERVICES, INC.

FILED Apr 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

111 2ND AVE NE 300 BEACH DRIVE N.E. #1001

SAINT PETERSBURG, FL 33701 US #336 US

SAINT PETERSBURG, FL 33701 **New Mailing Address:**

111 2ND AVE NE P.O. BOX 2047

SAINT PETERSBURG, FL 33731 #336 US

SAINT PETERSBURG, FL 33701 US

FEI Number: 59-3207605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PAYNE, MARISA PAYNE, MARISA 111 2ND AVE NE 300 BEACH DRIVE N.E. #336 #1001

SAINT PETERSBURG, FL 33701 US SAINT PETERSBURG, FL 33701 US

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: MARISA PAYNE 04/07/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

PAYNE, MARISA PAYNE, MARISA Name: Name:

111 2ND AVE NE 300 BEACH DRIVE N.E. #1001 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 US City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: Title: (X) Change () Addition () Delete

MAGGIPINTO, LISA MAGGIPINTO, LISA Name: Name:

220 EAST MADISON ST. 300 BEACH DRIVE N.E. #1001 Address: Address: TAMPA, FL 33602 US ST. PETERSBURG, FL 33701 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARISA PAYNE 04/07/2007 D