## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AN
Secretary of State

			-	_				
DOCUMENT # P94000017396  1. Entity Name COMMERCIAL SYSTEMS NETWORK, INC.					\$	Secret	ary of Sta	.1
Principal Place 951 NW 200 MIAMI, FL 33	TERRACE	Mailing Address 951 NW 200 TERRACE MIAMI, FL 33169 US						
			:					
DO NOT WRITE IN THIS SPACE			CE	01222006 4. FEI Number 65-0463	3785		34 (11/05)  Applied For Not Applicable \$8.75 Additional	
	6. Name and Address of Current Re	gistered Agent	<del>                                     </del>	5. Certificate	of Status Desired		Fee Required	_
HUNTSMAN, DONALD 951 NW 200 TERRACE MIAMI, FL 33169				–	NOT W			
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution,			ncing \$5	.00 May Be led to Fees				_
10. OFFICERS AND DIRECTORS		1	· · · · · · · · · · · · · · · · · · ·		*		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HUNTSMAN, DONALD 951 NW 200 TERRACE MIAMI, FL 33169	:		ee oo to	1900 13270 - 231	0004064 06-800	19 36–016 150.00	****
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- -	ر ۱۳۳۶ عضایین	-mar food food fo	<i>⊔</i>	,
NAME STREET ADDRESS CITY-ST-ZIP				<del></del>	NOT V			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN	THIS S	PACE	Ē	
TITLE NAME STREET ADDRESS CITY-SY-ZIP								
TITLE NAME				-	-			

12. I hereby certify that the information supplied with this filling 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: .

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/06

Daylime Phone #