


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90041 008 ***150.00

DOCUMENT # P95000031186 1. Entity Name CPS CONTRACT PROPERTY SERVICES, INC.	
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Principal Place of Business 1733 W. FLETCHER AVENUE TAMPA, FL 33612	Mailing Address PO BOX 11229 KNOXVILLE, TN 37939 US
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40053958



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3477172	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 WALTERS, CLIFFORD L BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 - 11TH STREET WEST BRADENTON, FL 34205

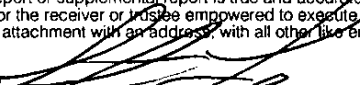
**DO NOT WRITE
IN THIS SPACE**

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)</small>	DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEVIN, STEVEN 925 S FED HWY STE 425 BOCA RATON, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RICE, SUZANNE LEVIN 1733 W. FLETCHER AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LEVIN, RICHARD 340 S PLAM AVE APT 45 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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>	Steven Levin, President (561) 948-7100 <small>Date Daytime Phone #</small>