

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077251

Entity Name: CPN SERVICES, INC.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

3231 GULF GATE DRIVE
SUITE 204
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

3231 GULF GATE DRIVE
SUITE 204
SARASOTA, FL 31231 US

New Mailing Address:

FEI Number: 65-0612098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, ERNEST J ST
3231 GULF GATE DRIVE
SUITE 204
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

MCELHENY, THOMAS J
3231 GULF GATE DRIVE
SUITE 204
SARASOTA, FL 34231 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: THOMAS MCELHENY

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDST () Delete
Name: MCELHENY, THOMAS J P
Address: 3231 GULF GATE DRIVE
City-St-Zip: SARASOTA, FL

Title: P (X) Delete
Name: SETSMA, PHILIP C VP
Address: 3231 GULF GATE DRIVE SUITE 204
City-St-Zip: SARASOTA, FL 34231

Title: VP (X) Delete
Name: DEAN, ERNEST J ST
Address: 3231 GULF GATE DRIVE SUITE 204
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: THOMAS MCELHENY

DR

04/10/2006

Electronic Signature of Signing Officer or Director

Date