

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054144

Entity Name: CX SYSTEMS INT'L, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

5107 S SMITH RYALS RD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

PO BOX 3452
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 59-3383790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAILEY, CYNTHIA R
5107 SOUTH SMITH RYALS ROAD
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BAILEY, CYNTHIA R.
Address: 5107 S. SMITH RYALS RD.
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: ROBINSON SR., DR. BERNARD
Address: 98-944 KAHAPILI ST.
City-St-Zip: AIEA, HI 96701

Title: D () Delete
Name: COLLINS, CAROLYN
Address: 4002 LA SALLE STREET
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: ROBINSON, EUGENE S
Address: 2915 S. PINEWAY DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: SMITH, CYNTHIA C.
Address: 910 E. MARTIN LUTHER KING BLVD.
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: COLLINS, CAROLYN DR.
Address: 4002 LA SALLE STREET
City-St-Zip: TAMPA, FL

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 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: CYNTHIA R. BAILEY

PSTD

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date