2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# P96000054144

Entity Name: CX SYSTEMS INT'L, INC.

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 ( )**

Name and Address of Current Registered Agent:

BAILEY, CYNTHIA R
5107 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

OFFICERS AND DIRECTORS:

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

Title: D
Name: ROBINSON SR., DR. BERNARD
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: COLLINS, CAROLYN DR.
Address: PO BOX 3452
City-St-Zip: TAMPA, FL 33563

Title: D
Name: ROBINSON, EUGENE S
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: SMITH, CYNTHIA C.
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA R BAILEY PSTD 03/29/2011

Electronic Signature of Signing Officer or Director Date