


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000048221		
1. Entity Name COLONIAL RESEARCH SYSTEMS, INC.		

Principal Place of Business 1550 WEST 84TH STREET #12 HIALEAH FL 33014	Mailing Address 1550 WEST 84TH STREET #12 HIALEAH FL 33014
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2ED34 (10/05)

4. FEI Number 65-0765546	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 WATTS, JAMES 1550 WEST 84TH STREET #12 HIALEAH FL 33014

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when remitting). DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	WATTS, JAMES A	
STREET ADDRESS	1550 WEST 84TH STREET #12	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	GREGORY, C LEE	
STREET ADDRESS	4708 WILWYN WAY	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLDER, SUSAN E	
STREET ADDRESS	4708 WILWYN WAY	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLDER, THERESA L	
STREET ADDRESS	4708 WILWYN WAY	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VPOD	<input type="checkbox"/> Delete
NAME	HOLDER, WILLIAM W	
STREET ADDRESS	4708 WILWYN WAY	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLDER, DANIEL W	
STREET ADDRESS	9604 RUSTIC MANOR CT	
CITY-ST-ZIP	GAITHERSBURG MD 20882	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000435571
02/25/06-80046-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James A Watts James A Watts 2/13/06 305-822-4042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #