


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P97000048221 1. Entity Name COLONIAL RESEARCH SYSTEMS, INC.	
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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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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	PD WATTS, JAMES A 1550 WEST 84TH STREET #12 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD GREGORY, C LEE 4708 WILWYN WAY ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLDER, SUSAN E 4708 WILWYN WAY ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLDER, THERESA L 4708 WILWYN WAY ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOD HOLDER, WILLIAM W 4708 WILWYN WAY ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLDER, DANIEL W 9604 RUSTIC MANOR CT GAITHERSBURG, MD 20882

<p>U000000797872 01/30/08-80005-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: James Watts James Watts 1-22-08 305-822-4042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #