

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048221

FILED
Apr 24, 2009
Secretary of State

Entity Name: COLONIAL RESEARCH SYSTEMS, INC.

Current Principal Place of Business:

1550 WEST 84TH STREET #12
HIALEAH, FL 33014

New Principal Place of Business:

31S.SHELL RD.
DEBARY, FL 32713

Current Mailing Address:

1550 WEST 84TH STREET #12
HIALEAH, FL 33014

New Mailing Address:

31S.SHELL RD.
DEBARY, FL 32713

FEI Number: 65-0765546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, JAMES
1550 WEST 84TH STREET #12
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

WATTS, JAMES A
32713
DEBARY, FL 32713 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: JAMES A WATTS

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATTS, JAMES A
Address: 1550 WEST 84TH STREET #12
City-St-Zip: HIALEAH, FL 33014

Title: SVPD () Delete
Name: GREGORY, C LEE
Address: 4708 WILWYN WAY
City-St-Zip: ROCKVILLE, MD 20852

Title: TD () Delete
Name: HOLDER, SUSAN E
Address: 4708 WILWYN WAY
City-St-Zip: ROCKVILLE, MD 20852

Title: SD () Delete
Name: HOLDER, THERESA L
Address: 4708 WILWYN WAY
City-St-Zip: ROCKVILLE, MD 20852

Title: VPOD () Delete
Name: HOLDER, WILLIAM W
Address: 4708 WILWYN WAY
City-St-Zip: ROCKVILLE, MD 20852

Title: VPD () Delete
Name: HOLDER, DANIEL W
Address: 9604 RUSTIC MANOR CT
City-St-Zip: GAITHERSBURG, MD 20882

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATTS, JAMES A
Address: 31S.SHELL RD.
City-St-Zip: DEBARY, FL 32713

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

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

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 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: JAMES A WATTS

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date