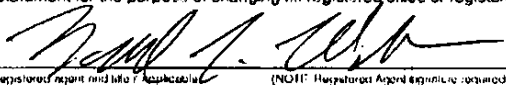
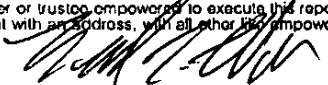


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) :

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90041 022 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                               |                                                                                                                                                                                     |                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P97000076510</b><br>1. Entity Name<br><b>CONSTITUTION SQUARE EXECUTIVE SUITES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                               |                                                                                                                                                                                     |                                                                             |  |
| Principal Place of Business<br><b>2100 CONSTITUTION BOULEVARD<br/>SARASOTA FL 34231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                               | Mailing Address<br><b>2100 CONSTITUTION BOULEVARD<br/>SARASOTA FL 34231</b>                                                                                                         |                                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                                                                                     |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | City & State                                  |                                                                                                                                                                                     | 4. FEI Number <b>65-0785226</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                                          | Zip                                           | Country                                                                                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCOTT, DANIEL E<br/>2100 CONSTITUTION BOULEVARD<br/>SARASOTA FL 34231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                               |                                                                                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <br/> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> </div> <div> <b>2/15/07</b><br/> <small>DATE</small> </div> </div>  |                                                                  |                                               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                 |                                                                                                                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                               |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DP<br>WILSEN, RICHARD J<br>808 IDLEWILD WAY<br>SARASOTA FL 34242 | <input type="checkbox"/> Delete               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DST<br>WILSEN, WANDA L<br>808 IDLEWILD WAY<br>SARASOTA FL 34242  | <input type="checkbox"/> Delete               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Delete               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Delete               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Delete               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Delete               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Delete               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Delete               |                                                                                                                                                                                     |                                                                                                                                                              |  |
| 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 persons empowered. |                                                                  |                                               | SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                               | <b>2/15/07</b><br><small>DATE</small>                                                                                                                                               |                                                                                                                                                              |  |