2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# P98000019605

Entity Name: COMMUNICATION PRODUCTS AND SOLUTIONS, INC.

Current Principal Place of Business:

204 LOUISIANA DR
MEXICO BEACH, FL 32410 US

New Principal Place of Business:

204 LOUISIANA AVE
MEXICO BEACH, FL 324560122 US

Current Mailing Address:

P O BOX 14070
MEXICO BEACH, FL 32410 US

New Mailing Address:

FEI Number: 59-3497997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, BARBARA
204 LOUISIANA DR
MEXICO BEACH, FL 32410 US

Name and Address of New Registered Agent:

LYNN, BARBARA A
204 LOUISIANA AVE
MEXICO BEACH, FL 324560122 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: BARBARA A LYNN 03/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LYNN, LOUIS
Address: 204 LOUISIANA DRIVE
City-St-Zip: MEXICO BEACH, FL 324104070

Title: VSDT ( ) Delete
Name: LYNN, BARBARA
Address: 204 LOUISIANA DRIVE
City-St-Zip: MEXICO BEACH, FL 324104070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: LYNN, LOUIS D
Address: 204 LOUISIANA AVE
City-St-Zip: MEXICO BEACH, FL 324560122 US

Title: VPST (X) Change ( ) Addition
Name: LYNN, BARBARA A
Address: 204 LOUISIANA AVE
City-St-Zip: MEXICO BEACH, FL 324560122 US

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: BARBARA A LYNN VPST 03/09/2009
Electronic Signature of Signing Officer or Director Date