2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P99000048638 1. Enlity Name CUSTOM PROPERTY SERVICES, INC.					04-13-2005 90045 015 ***150.00 40004 / 00					
Principal Place of Business 410 N E 5 AVENUE BOYNTON BEACH, FL 33435 Mailing Address P 0 BOX 3405 BOCA RATON, FL 33427					1 1 4 8 41 8 8 4 118				ACOUNT (1 100)	
2. Principal Place of Business 3. I		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042005	Chg-P		CR2E034 (10/03	3)	
City & State		City & State			4. FEI Numbe 65-0923				Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate			□ \$8.75 A Fee Requ		
	6. Name and Address of Current	Registered Agent -	Nama		∸7Name and				<u> </u>	
KOWALSKY, WARREN				Name KOWALSKY, WARREN						
630 BOCA MARINA COURT BOCA RATON, FL 33487				Street Address (P.O. Box Number is Not Acceptable)						
	. ,				S. FED		Hw		nda .	
					RAY BE			FL Zip Ci		
8. The above the obligati	named entity submits this statement fo igns of registered agent	r/the pylinbse of changing its r	egistered office o	r registere	ed agent, or both	n, in the State	of Florid	a. I am familiar wit	h, and accept	
SIGNATURE / COMPANY PRESIDENT 4/11/05										
/	Signature, typed or printed name of registered agent	and titly if applicable. (NOTE:	Registered Agent signa	are required v	when minstaliam)			DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.0	00 May Be					
		Trust Fund Contri		\$5.0	00 May Be d to Fees	CHANGES TO	D OFFICE	RS AND DIRECTO	PRS IN 11	
After Ma	ay 1, 2005 Fee will be \$550.	Trust Fund Contri	bution.	\$5.0 Adde	OO May Be do to Fees ADDITIONS/			ERS AND DIRECTO		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tike empowered.

WARREN KOWALSKY SMATTINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 969 8118

Daytime Phone #