2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098316

Entity Name: CENTRAL BUSINESS SOLUTIONS INC.

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

POST OFFICE BOX 180326 CASSELBERRY, FL 327180326

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 180326 CASSELBERRY, FL 327180326

FEI Number: 59-3607325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILLEBRANDT, JOSEPH M
500 SEMORAN BLVD. SUITE 2092
CASSELBERRY, FL 32707 US
HILLEBRANDT, JOSEPH M
500 SEMORAN BLVD. SUITE 2064
CASSELBERRY, FL 32707 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: JOSEPH M HILLEBRANDT 04/14/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition HILLEBRANDT, JOSEPH M Name: Name: HILLEBRANDT, JOSEPH M 220 IVY FARM LANE 500 STATE ROAD 436 SUITE 2064 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH M HILLEBRANDT PRES 04/14/2006