2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 19, 2006 8:00 am Secretary of State 05-19-2006 90167 001 ***750.00 **DOCUMENT #375529** 1. Entity Name ENDOWMENT SERVICES INC. Principal Place of Business Mailing Address 66016924 3939 HOLLYWOOD BLVD 3939 HOLLYWOOD BLVD SUITE 1A SUITE 1A HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 No Chg-P CR2E034 (11/05) 04262006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1349757 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIENER.LAWRENCE DO NOT WRITE 3939 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME WIENER, JUDITH STREET ADDRESS 3981 NORTH 32 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE WIENER, LAWRENCE NAME STREET ADDRESS 3981 NORTH 32 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33021 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Llargener Weller

FILED