

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000008

FILED
Jan 31, 2007
Secretary of State

Entity Name: FIRST MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

333 UNION ST., STE. 400
NASHVILLE, TN 37201

New Principal Place of Business:

Current Mailing Address:

333 UNION ST., STE. 400
NASHVILLE, TN 37201

New Mailing Address:

FEI Number: 62-1524244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MAYO, KIMBERLY D
Address: 333 UNION ST., STE. 400
City-St-Zip: NASHVILLE, TN 37201

Title: P () Delete
Name: DAVIS, W. KIRBY JR.
Address: 333 UNION ST., STE. 400
City-St-Zip: NASHVILLE, TN 37201

Title: V () Delete
Name: BOLES, SAMUEL R
Address: 333 UNION ST., STE. 400
City-St-Zip: NASHVILLE, TN 37201

Title: VP (X) Delete
Name: RUCCIO, PATRICIA D
Address: 333 UNION ST., STE. 400
City-St-Zip: NASHVILLE, TN 37201

Title: S () Delete
Name: BURCHETT, JAMES
Address: 333 UNION STREET STE 400
City-St-Zip: NASHVILLE, TN 37201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BURCHETT, JAMES E
Address: 333 UNION ST., STE. 400
City-St-Zip: NASHVILLE, TN 37201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MONICA L BARFIELD

Electronic Signature of Signing Officer or Director

ACCT

01/31/2007

_____ Date