2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# K82259

Entity Name: EXHIBIT SERVICES, INC.

Current Principal Place of Business:

6911 PARKE EAST BLVD.
500
TAMPA, FL 33610 US

New Principal Place of Business:

5426 BORAN DR
TAMPA, FL 33610 US

Current Mailing Address:

6911 PARKE EAST BLVD.
500
TAMPA, FL 33610 US

New Mailing Address:

PO BOX 16576
TAMPA, FL 33687-657 US

FEI Number: 59-2945495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONN, DAVID P
9302 HERITAGE OAK CT.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

CONN, JOSEPH R
3305 S. OMAR AV.
TAMPA, FL 33629 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 R. CONN 04/13/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CONN, JOSEPH R
Address: 3305 S. OMAR AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: CONN, ELAINE
Address: 6060 RIVER TRACE
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: CONN, ROBIN L
Address: 6020 RIVER TRACE
City-St-Zip: TAMPA, FL 33617

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CONN, JOSEPH R
Address: 3305 S. OMAR AVENUE
City-St-Zip: TAMPA, FL 33629

Title: SECT (X) Change ( ) Addition
Name: CONN, ELAINE
Address: 6060 RIVER TRACE
City-St-Zip: TAMPA, FL 33617

Title: TRES (X) Change ( ) Addition
Name: CONN, ROBIN L
Address: 27121 FORDHAM DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: OFFI ( ) Change (X) Addition
Name: CONN, DAVID P
Address: 9302 HERITAGE OAK CT.
City-St-Zip: TAMPA, FL 33647

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 R. CONN PRES 04/13/2006
Electronic Signature of Signing Officer or Director Date