

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93862

FILED
Feb 22, 2010
Secretary of State

Entity Name: EVENT SERVICES AMERICA, INC.

Current Principal Place of Business:

12058 MIRAMAR PARKWAY
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

12058 MIRAMAR PARKWAY
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 95-4166465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: PD
Name: ZUMWALT, DAMON R
Address: 17101 SUPERIOR ST.
City-St-Zip: NORTHRIDGE, CA 91325 US

Title: V
Name: ANDERSON, JOHN
Address: 12058 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33025 US

Title: VS
Name: SERVICE, JAMES H
Address: 17101 SUPERIOR STREET
City-St-Zip: NORTHRIDGE, CA 91325 US

Title: T
Name: GRANIRER, KEITH
Address: 17101 SUPERIOR STREET
City-St-Zip: NORTHRIDGE, CA 91325 US

Title: VD
Name: GRANGER, JAMES
Address: 17101 SUPERIOR STREET
City-St-Zip: NORTHRIDGE, CA 91325 US

Title: V
Name: BROCK, JAMES K
Address: 12058 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33025 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES H. SERVICE

VS

02/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date