

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046082

FILED
Apr 08, 2005
Secretary of State

Entity Name: SERVICESNAP, INC.

Current Principal Place of Business:

110 SE 6TH STREET
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

110 SE 6TH STREET
STE. 3002
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

110 SE 6TH STREET
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

110 SE 6TH STREET
STE. 3002
FORT LAUDERDALE, FL 33301 US

FEI Number: 65-1106624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASSOVER, BRUCE H
1180 S.W. 15TH STREET
BOCA RATON, FL 33486 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: VP () Delete
Name: TRIPP, MICHAEL
Address: 2865 NE 25TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP () Delete
Name: KASSOVER, BRUCE
Address: 1180 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: STERNE, ROBIN
Address: 22456 OVERATURE CIRCLE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: MICHAEL M. TRIPP

VP

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date