

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# P01000046082

Entity Name: SERVICESNAP, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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 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: MICHAEL TRIPP

VP

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date