2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052631

Entity Name: MERIDIAN COMMUNITY SERVICES GROUP, INC.

FILED Aug 05, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1901 WELBY WAY 1500 MAHAN DRIVE

TALLAHASSEE, FL 32308 230

TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

1901 WELBY WAY PO BOX 13408

TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32317

FEI Number: 20-0021782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLAIR, LISA BLAIR, LISA A
1901 WELBY WAY 1500 MAHAN DRIVE
TALLAHASSEE, FL 32308 US 230

TALLAHASSEE, FL 32317 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: LISA A. BLAIR 08/05/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: MRS. () Change (X) Addition

Name: Name: BLAIR, LISA A
Address: Address: 265 TIMBERLANE ROAD

City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312 US

 Title:
 () Delete
 Title:
 MR. () Change (X) Addition

 Name:
 J. CORBETT, ALDAY

 Address:
 Address:
 1854 MAHAFFEY CIRCLE

 City-St-Zip:
 City-St-Zip:
 LAKELAND, FL 33811 US

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: LISA A. BLAIR MRS. 08/05/2004