2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# P05000009886

Entity Name: BOAZ SERVICES CORP

Current Principal Place of Business:

5044 MILLENIA BLVD
SUITE 204
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

5044 MILLENIA BLVD
SUITE 204
ORLANDO, FL 32839 US

New Mailing Address:

FEI Number: 20-2191794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
SUITE 246
ORLANDO, FL 32819 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: P ( ) Delete
Name: GIOTTO, GERSON
Address: 5044 MILLENIA BLVD SUITE 204
City-St-Zip: ORLANDO, FL 32839 US

Title: VP ( ) Delete
Name: SOUZA, ANA P
Address: 5044 MILLENIA BLVD SUITE 204
City-St-Zip: ORLANDO, FL 32839 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANA, SOUZA P
Address: 5044 MILLENIA BLVD SUITE 204
City-St-Zip: ORLANDO, FL 32839 US

Title: VP (X) Change ( ) Addition
Name: GIOTTO, GERSON
Address: 5044 MILLENIA BLVD SUITE 204
City-St-Zip: ORLANDO, FL 32839 US

Title: S ( ) Change (X) Addition
Name: LEONILDA, CORTES
Address: 5044 MILLENIA BLVD SUITE 204
City-St-Zip: ORLANDO, FL 32839 US

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: ANA SOUZA P 03/20/2006

Electronic Signature of Signing Officer or Director Date