2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007
Secretary of State

DOCUMENT# J15679

Entity Name: COMPLETION SERVICES, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 2300
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

221 NORTH HOGAN STREET
SUITE 234
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2874210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISELEY, ROBERT F JR
50 N. LAURA STREET, SUITE 2150
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

NICANDRI, PETER
14 EAST BAY ST
JACKSONVILLE, FL 32202 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: PETER NICANDRI 07/18/2007
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:

Title: PRES ( ) Delete
Name: MCFADDEN, DAVE PRES.
Address: 575 PROSPECT ST UNIT 201
City-St-Zip: LAKEWOOD, NJ 08701 US

Title: TREA ( ) Delete
Name: MUMFORD, MIKE TREASUR
Address: 5795 MINING TERRACE
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: JOHNSON, LYNN PRES.
Address: 77833 PALAPAS ROAD
City-St-Zip: PALM DESERT, CA 92211 US

Title: TREA (X) Change ( ) Addition
Name: STONE, BOB TREASUR
Address: 1023 SOUTHBRIDGE STREET
City-St-Zip: WORCHESTER, MA 01610 US

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: ROBERT STONE TREA 07/18/2007
Electronic Signature of Signing Officer or Director Date