

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000140523

**FILED**  
**Sep 14, 2010**  
**Secretary of State**

**Entity Name:** 24/7 MANAGEMENT SERVICES INC.

**Current Principal Place of Business:**

39 INDIAN SPRINGS DR  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

39 INDIAN SPRINGS DR  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 37-1479984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEDERSEN, MICKY  
39 INDIAN SPRINGS DRIVE  
ORMOND BEACH, FL 32174 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: PEDERSEN, MICKY  
Address: 139 INDIAN SPRINGS DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: MICKY PEDERSEN

PRES

09/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date