
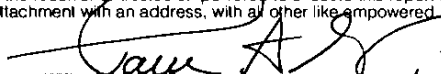


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90020 011 \*\*\*150.00

<b>DOCUMENT # 235240</b> 1. Entity Name <b>ROYAL SERVICES, INC.</b>					
Principal Place of Business <b>145 PARK ST JACKSONVILLE, FL 32204 US</b>			Mailing Address <b>P.O. BOX 404086 JACKSONVILLE, FL 32203 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 40486</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Jacksonville, FL</b> Zip <b>32203-0486</b>		Country <b>Duval</b>	
4. FEI Number <b>59-0895797</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03132007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ROSENBLOOM, PERCY JR 4401 LAKESIDE DR STE 102 JACKSONVILLE, FL 32210</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS ROSENBLOOM, DOROTHY S 4401 LAKESIDE DR STE 102 JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD ROSENBLOOM, PERCY JR 4401 LAKESIDE DR STE 102 JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD ROSENBLOOM, PERCY III 1847 WOODMERE DR JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T GRANT, PAUL A 5129 HARBOR PT CIR JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROSENBLOOM, STEVEN M 1417 BEACH AVE ATLANTIC BEACH, FL 32233</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		<b>Treasurer</b>		<b>Mar. 13, 2007 (904) 421-3377</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	