


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 391944 1. Entity Name FLORIDA ERECTION SERVICE, INC.	
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Principal Place of Business 1358 SW 1ST WAY DEERFIELD BCH., FL 33441	Mailing Address 1358 SW 1ST WAY DEERFIELD BCH., FL 33441
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1424909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCLENDON, M.D. 1358 S.W. 1ST WAY DEERFIELD BEACH, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000939289 05/28/08-80021-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLENDON, ETHEL L 3921 NE 24TH AVE LIGHTHOUSE PT, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLENDON, M D 3921 NE 24TH AVE LIGHTHOUSE PT., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLENDON, DONALD G. 14220 BLACKBERRY DRIVE WELLINGTON, FL 334148238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLENDON, MICHAEL D. 15156 ROBERTS WAY LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: M.D. McLendon **4-29-08** **954-421-0575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M.D. McLendon, PRES